

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31106 (8)
1. Corporation Name
SOUTHERN PACIFIC TELECOMMUNICATIONS COMPANY

Principal Place of Business
**60 SPEAR STR
STE 700
SAN FRANCISCO CA 94105
US**

Mailing Address
**60 SPEAR ST.
STE 700
SAN FRANCISCO CA 94105
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 555 17th Street		26 555 17th Street		09/25/1990		05/01/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 STE 1050		27 STE 1050		04-6141739		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
23 Denver CO		28 Denver CO		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
Zip		Country		7. This corporation has liability for alternative tax under S. 188.032, Florida Statutes		☐ Yes ☐ No	
24 80202		25		29 80202		30	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	ANSCHUTZ, P.F.
STREET ADDRESS	2400 ANACONDA TOWERS
CITY - ST - ZIP	DENVER CO
TITLE	PD
NAME	HANSON, D., H
STREET ADDRESS	60 SPEAR ST 7TH FLOOR
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	ST
NAME	PORTAS, S E
STREET ADDRESS	60 SPEAR STR STE 700
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	D
NAME	POLSON, D.L
STREET ADDRESS	2400 ANACONDA TOWERS
CITY - ST - ZIP	DENVER CO
TITLE	VP
NAME	GEDDIS, P.R.
STREET ADDRESS	60 SPEAR ST, STE 700
CITY - ST - ZIP	SAN FRANCISCO CA
TITLE	VP
NAME	PORTAS, S.E.
STREET ADDRESS	60 SPEAR ST, STE 700
CITY - ST - ZIP	SAN FRANCISCO CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Robert S. Woodruff
Robert S. Woodruff

DATE

(303) 291-1400
Telephone Number