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95 MAY - 1 11:10:26

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Joseph B. Mathman
Secretary of State
Division of Corporations

DOCUMENT # P33524 (0)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name

CORPORATE TELEMAGEMENT GROUP, INC.

Principal Place of Business

Mail Stop Address

**430 WOODRUFF ROAD, SUITE 450
GREENVILLE SC 29616-0219
US**

**P.O. BOX 25219
GREENVILLE SC 29616-0219
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1991

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt # etc.

State, Apt # etc.

22

27

City & state

City & state

23

28

Zip

Country

Zip

Country

24

25

Country

29

Zip

Country

4. FEI Number

57-0903466

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARKS, JOHN R., III
215 SOUTH MONROE STREET, SUITE 400
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0603 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 607.0603, Florida Statutes.

SIGNATURE:

Signature of Registered Agent (Not to be signed by a corporation)

Signature of Registered Agent (Not to be signed by a corporation)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CDP
NAME	HOUSER, CHARLES S.
STREET ADDRESS	430 WOODRUFF ROAD
CITY, ST, ZIP	GREENVILLE SC
TITLE	PD
NAME	CUBBAGE, LEIGHTON M.
STREET ADDRESS	430 WOODRUFF ROAD
CITY, ST, ZIP	GREENVILLE SC
TITLE	D
NAME	ROBINSON, FRANK W.
STREET ADDRESS	430 WOODRUFF ROAD
CITY, ST, ZIP	GREENVILLE SC
TITLE	D
NAME	ROGERS, WILLIAM M.
STREET ADDRESS	430 WOODRUFF ROAD
CITY, ST, ZIP	GREENVILLE SC
TITLE	VD
NAME	MCABEE, THOMAS L
STREET ADDRESS	4310 WOODRUFF ROAD
CITY, ST, ZIP	GREENVILLE SC
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information requested with this filing is accurate, complete and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information published 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 and that my name is on the list of officers or directors of the corporation as required by Chapter 607, Florida Statutes, and that my name appears in this report or supplemental report with an address.

SIGNATURE:

Charles S. Houser, CEO

4/25/95 803 458-7302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR