FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **821539** **(4)**

1. Corporation Name

WILTEL COMMUNICATIONS SYSTEMS, INC.

Principal Place of Business	Mailing Address
ONE WILLIAMS CENTER BOX 21348 TULSA OK 74121	ONE WILLIAMS CENTER BOX 21348 TULSA OK 74121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/11/1968**
3a. Date of Last Report: **05/01/1994**

4. FEI Number: **47-6043412** ☐ 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
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 Section 607.0505, 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. To the best of my knowledge and belief, the corporation has been in existence continuously in this state for the last year immediately preceding the filing of this statement, and I am familiar with and authorized to execute this statement on behalf of the corporation.

SIGNATURE

12. OFFICER AND/OR DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CB	TITLE	D ☒ Change ☐ Addition
NAME	WILKENS, ROY A	NAME	Keith E. Bailey
STREET ADDRESS	ONE WILLIAMS CENTER	STREET ADDRESS	One Williams Center
CITY ST ZIP	TULSA OK	CITY ST ZIP	Tulsa OK 74172
TITLE	PCEO	TITLE	P ☒ Change ☐ Addition
NAME	HIRSCH, HENRY C	NAME	
STREET ADDRESS	8665 NEW TRAILS DR	STREET ADDRESS	
CITY ST ZIP	THE WOODLANDS TX	CITY ST ZIP	77381
TITLE	EVPA	TITLE	Controller ☒ Change ☐ Addition
NAME	LITTEFIELD, LAWRENCE C JR	NAME	Mario Hernandez
STREET ADDRESS	ONE WILLIAMS CENTER	STREET ADDRESS	
CITY ST ZIP	TULSA OK	CITY ST ZIP	74102
TITLE	VPAS	TITLE	☒ Change ☐ Addition
NAME	KRUMMEL, JOHN H	NAME	
STREET ADDRESS	8665 NEW TRAILS DR	STREET ADDRESS	
CITY ST ZIP	THE WOODLANDS TX	CITY ST ZIP	77381
TITLE	VPAS	TITLE	☒ Change ☐ Addition
NAME	BUNJER, GARY D	NAME	Anthony Moreno
STREET ADDRESS	8665 NEW TRAILS DR	STREET ADDRESS	
CITY ST ZIP	THE WOODLANDS TX	CITY ST ZIP	77381
TITLE	VPAS	TITLE	☒ Change ☐ Addition
NAME	VENDLEY, EDWARD M	NAME	Thomas P. Griffin
STREET ADDRESS	8665 NEW TRAILS DR	STREET ADDRESS	
CITY ST ZIP	THE WOODLANDS TX	CITY ST ZIP	77381

14. I do hereby certify that the information supplied with this report is accurate, complete and that I am qualified for the exemption stated in Section 119.07(3)(i), 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 above or on an attachment with an address.

SIGNATURE: X _____ Treasurer — 4-27-95 — 918-588-4761

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — TITLE — DATE — DAYTIME PHONE NUMBER

0480728 FP