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APPROVED AND FILED

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DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS
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1. Corporation Name SPRINT INTERNATIONAL COMMUNICATIONS CORPORATION	DOCUMENT # 838512 (2)
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Mailing Address	Principal Place of Business
	12490 SUNRISE VALLEY DRIVE RESTON VA 22096

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address	2a. Principal Place of Business
21 2330 Shawnee Mission Parkway	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Westwood, KS	28
Zip	Country
24 66205	25 USA
Country	29
Zip	30

9. Name and Address of Current Registered Agent	
PRENTICE-HALL CORPORATION SYSTEM, INC. FIRST FLORIDA BANK BUILDING SUITE 420 TALLAHASSEE FL 32301	

3. Date Incorporated or Qualified 06/01/1977	3a. Date of Last Report 05/01/1994
4. FEI Number 04-2509782	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired \$8.75 <input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	THE PRENTICE-HALL CORPORATION SYSTEM, INC.
82 Street Address (P.O. Box Number is Not Acceptable)	1201 HAYES STREET
83	SUITE 105
84 City	TALLAHASSEE FL
85 Zip Code	32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
1.1 TITLE	P/D
1.2 NAME	GUIDI, PAOLO L.
1.3 STREET ADDRESS	12490 SUNRISE VALLEY DR.
1.4 CITY - ST - ZIP	RESTON VA
2.1 TITLE	V/S/D
2.2 NAME	PARKER, DONALD S
2.3 STREET ADDRESS	12490 SUNRISE VALLEY DR
2.4 CITY - ST - ZIP	RESTON VA
3.1 TITLE	V/D
3.2 NAME	BEEBE, STEPHEN G.
3.3 STREET ADDRESS	12490 SUNRISE VALLEY DR.
3.4 CITY - ST - ZIP	RESTON VA
4.1 TITLE	A/V
4.2 NAME	CHARDE, GARY E
4.3 STREET ADDRESS	2330 SHAWNEE MISSION PKW
4.4 CITY - ST - ZIP	WESTWOOD KS
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President
1.2 NAME	Christopher J. Rooney
1.3 STREET ADDRESS	12490 Sunrise Valley Dr.
1.4 CITY - ST - ZIP	Reston, VA 22096
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	Asst. Vice President
5.2 NAME	Mark V. Boshears
5.3 STREET ADDRESS	2330 Shawnee Mission Parkway
5.4 CITY - ST - ZIP	Westwood, KS 66205
6.1 TITLE	
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 exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Mark V. Boshears* **Mark V. Boshears** Assistant Vice President (913) 624-2526
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Handwritten)
5/1/95