

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **838512** (2)

1. Corporation Name

SPRINT INTERNATIONAL COMMUNICATIONS CORPORATION



Principal Place of Business

**12490 SUNRISE VALLEY DRIVE
RESTON VA 22096**

Mailing Address

**2330 SHAWNEE MISSION PKWY
WESTWOOD KS 66205
US**

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. **903 E. 104th St.**

22. City & State

27. Suite, Apt. #, etc.

23. Zip

Country

28. **Kansas City, mo**

Zip

Country

24. **64131**

Country

29. **USA**

25. **USA**

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

06/01/1977

3a. Date of Last Report

05/01/1995

4. FEI Number

04-2509782

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

10. Name and Address of New Registered Agent

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 607.0502 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P**
ROONEY, CHRISTOPHER J
STREET ADDRESS **12490 SUNRISE VALLEY DR.**
CITY, ST, ZIP **RESTON VA 22096**

TITLE ☐ DELETE

NAME **VSD**
PARKER, DONALD S
STREET ADDRESS **12490 SUNRISE VALLEY DR**
CITY, ST, ZIP **RESTON VA**

TITLE ☐ DELETE

NAME **VD**
BEEBE, STEPHEN G.
STREET ADDRESS **12490 SUNRISE VALLEY DR.**
CITY, ST, ZIP **RESTON VA**

TITLE ☐ DELETE

NAME **AV**
CHARDE, GARY E
STREET ADDRESS **2330 SHAWNEE MISSION PKW**
CITY, ST, ZIP **WESTWOOD KS**

TITLE ☐ DELETE

NAME **AV**
BESHEARS, MARK V
STREET ADDRESS **2330 SHAWNEE MISSION PARKWAY**
CITY, ST, ZIP **WESTWOOD KS 66205**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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 exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

(816)854-7683

CR2E034 (12/95)