


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838512 (2)

1. Corporation Name
SPRINT INTERNATIONAL COMMUNICATIONS CORPORATION



Principal Place of Business 12490 SUNRISE VALLEY DRIVE RESTON VA 22096	Mailing Address 903 E. 104TH ST. KANSAS CITY MO 64131 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1977

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

4. FEI Number 04-2509782	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.150B, 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BANDE, ANDRES B	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY-ST-ZIP	WESTWOOD KS 66205	
TITLE	S	<input type="checkbox"/> DELETE
NAME	OZENBERGER, LAURA L	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY-ST-ZIP	WESTWOOD KS 66205	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WRIGHT, LAUREN F	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY-ST-ZIP	WESTWOOD KS 66205	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	CHARDE, GARY E	
STREET ADDRESS	2330 SHAWNEE MISSION PKW	
CITY-ST-ZIP	WESTWOOD KS	
TITLE	AV	<input type="checkbox"/> DELETE
NAME	BESHEARS, MARK V	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	
CITY-ST-ZIP	WESTWOOD KS 66205	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres./Dir.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Andres B. Bande	
1.3 STREET ADDRESS	2330 Shawnee Mission Pkwy.	
1.4 CITY-ST-ZIP	Westwood, KS 66205	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mark V. Beshears	
5.3 STREET ADDRESS	903 E. 104th St.	
5.4 CITY-ST-ZIP	Kansas City, mo 64131	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/1/98 (211) 854-7683

CR2E034 (10/97)