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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 838512
 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/01/1977	
21	2330 Shawnee Mission Parkway Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2509782	Applied For Not Applicable
22	City & State Westwood, KS	27	City & State Mailstop: MOKCMW0609	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 66205	28	Country US	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country US	29	Country US	8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOT E-Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANDE, ANDRES B	1.2 NAME	John E. Berndt
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	1.3 STREET ADDRESS	2330 Shawnee Mission Parkway
CITY-ST-ZIP	WESTWOOD KS 66205	1.4 CITY-ST-ZIP	Westwood, KS 66205
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OZENBERGER, LAURA L	2.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, LAUREN F	3.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	3.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARDE, GARY E	4.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKW	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS	4.4 CITY-ST-ZIP	
TITLE	AV <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESHEARS, MARK V	5.2 NAME	
STREET ADDRESS	903 E. 104TH ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	KANSAS CITY MO 64131	5.4 CITY-ST-ZIP	
TITLE	F <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Jeannine Strandjord
STREET ADDRESS		6.3 STREET ADDRESS	8140 Ward Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Kansas City, MO 64114

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(1)(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, with all other like empowered.

SIGNATURE: *Mark Beshears* DATE: 4/26/99 (816) 854-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)