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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 28 PM 3:50

DOCUMENT # **843274** **(2)**

1. Corporation Name
NTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 22613 BALTIMORE MD 21203	P.O. BOX 22613 BALTIMORE MD 21203

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1979
3a. Date of Last Report: 07/11/1994

2. Principal Place of Business	2a. Mailing Address
21 6100 WESTERN PLACE	26 P.O. BOX 22613
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 DEPT. HK
City & State 23 FORT WORTH, TX	City & State 28 BALTIMORE, MD
Zip / Country 24 76107 / 25 USA	Zip / Country 29 21203 / 30 USA

4. FEI Number: 75-1300913 ☐ 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 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 /ROY A. MEIERHENRY FEBRUARY 20, 1995
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ADLER, WILLIAM F.	12 NAME	
STREET ADDRESS	11119 VALLEY HEIGHTS	13 STREET ADDRESS	
CITY-ST-ZIP	OWINGS MILLS MD	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	BOLIN, JAMES W.	22 NAME	
STREET ADDRESS	6505 TURTLE POINT DR	23 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, ROBERT W.	32 NAME	
STREET ADDRESS	40 HICKORY MEADOW RD	33 STREET ADDRESS	
CITY-ST-ZIP	COCKEYSVILLE MD	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	WRIGHT, SAMUEL H.	42 NAME	
STREET ADDRESS	2409 BRA-MAR AVE	43 STREET ADDRESS	
CITY-ST-ZIP	CATONSVILLE MD	44 CITY-ST-ZIP	
TITLE	DK	51 TITLE	☒ Change ☐ Addition
NAME	~~KUNISCH, ROBERT D.~~	52 NAME	
STREET ADDRESS	~~29 TREADWELL CT~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~LUTHERVILLE MD~~	54 CITY-ST-ZIP	
TITLE	SVD	61 TITLE	☐ Change ☐ Addition
NAME	MEIERHENRY, ROY A.	62 NAME	
STREET ADDRESS	8 CHRIS ELIOT CT	63 STREET ADDRESS	
CITY-ST-ZIP	HUNT VALLEY MD	64 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)(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: /ROY A. MEIERHENRY 2/20/95 (410) 771-3318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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