



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

FILED

May 01 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 852547 (9)</b>					
<b>1. Corporation Name</b> <b>ASCENT NETWORK SERVICES, INC.</b>					
<b>Principal Place of Business</b> 6560 ROCK SPRING DRIVE BETHESDA MD 20817-1146 US			<b>Mailing Address</b> 6560 ROCK SPRING DRIVE BETHESDA MD 20817-1145 US		
<b>2. Principal Place of Business</b> 21 1200 17th St. Suite, Apt. #, etc. 22 Suite 2800 City & State 23 Denver, CO Zip 24 80202 Country 25 USA		<b>2a. Mailing Address</b> 26 1200 17th St. Suite, Apt. #, etc. 27 Suite 2800 City & State 28 Denver, CO Zip 29 80202 Country 30 USA		<b>3. Date Incorporated or Qualified</b> 04/12/1982 <b>3a. Date of Last Report</b> 05/01/1996 <b>4. FEI Number</b> 62-1057643 Applied For Not Applicable <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROCKETT, BRUCE L		1.2 NAME	James A. Cronin III	
STREET ADDRESS	6560 ROCK SPRING DRIVE		1.3 STREET ADDRESS	1200 17th St., Ste. 2800	
CITY-ST-ZIP	BETHESDA MD		1.4 CITY-ST-ZIP	Denver, CO 80202	
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWER, ALLEN E.		2.2 NAME		
STREET ADDRESS	6560 ROCK SPRING DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STORY, STEVEN E		3.2 NAME	Larry O. Tennant	
STREET ADDRESS	6560 ROCK SPRING DRIVE		3.3 STREET ADDRESS	1200 17th St., Ste. 2800	
CITY-ST-ZIP	BETHESDA MD		3.4 CITY-ST-ZIP	Denver, CO 80202	
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYONS, CHARLES		4.2 NAME		
STREET ADDRESS	6560 ROCK SPRING DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		4.4 CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, NANCY E.		5.2 NAME	Arthur M. Aaron	
STREET ADDRESS	6560 ROCK SPRING DRIVE		5.3 STREET ADDRESS	1200 17th St., Ste. 2800	
CITY-ST-ZIP	BETHESDA MD		5.4 CITY-ST-ZIP	Denver, CO 80202	
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYER, ROBERT C.		6.2 NAME		
STREET ADDRESS	6560 ROCK SPRING DRIVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	BETHESDA MD		6.4 CITY-ST-ZIP		
<b>14. I do 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.</b>					
<b>SIGNATURE:</b> 			<b>Arthur M. Aaron, V.P. Business &amp; Legal Affairs, Secretary</b> April 21, 1997 303-626-7037		

CR2E034 (9/96)