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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

Principal Place of Business

F93000003487 (6)

TELCO COMMUNICATIONS GROUP, INCORPORATED

4219 LAFAYETTE CENTER DRIVE

Mailing Address

4219 LAFAYETTE CENTER DRIVE CHANTILLY VA 22021-1209

FILED May 01 1996 8:00 am Secretary of State

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CHANTILLY VA 22021-1209			CHANTILLY VA 2202	CHANTILLY VA 22021-1209									
								3. Date Incorporated or Qualified 07/30/1993	3a. Date	of Last 5/01/	'		
2. Principal Place of Business			2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For			
		26				54-1674283			Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	П	•	75 Additional				
			[27]							e Required			
City & State			City & State			6. Election Campaign Financing Trust Fund Contribution			.00 May Be ded to Fees				
Zip		Country	···· -···			,		8. This corporation has liability for in	atanaible ta		····		
24	25		29	30	Country 30			·	∏ No	V DI IGGI	5 199.032,		
	9. Name and	Address of Current	Registered Agent					10. Name and Address of New R	egistered a	igent			
						1	Name						
C T CORPORATION SYSTEM					82	۱,	Street Addres	Address (P.O. Box Number is Not Acceptable)					
1200 SC	outh pine is:	LAND ROAD				Ľ	orest Addres	duress (1101 201 11011001 to 1101 11000ptdbio)					
PLANTA	TION FL 3332	4			83								
					84	۲	City			85	Zip Code		
	· · · · · · · · · · · · · · · · · · ·		WILLIAM				•		FL		·		
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 prin	ted name of registered agent a	id tite if aj volcable (N	IOTE Reg	jistered Ager	el Si	gnature required w	vhen reinstating)	DATE				
12 .	OFFICERS AND DIRECTORS				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PSD DELETE				1. 1 TITLE					Chang	e 🔲 Addition		
NAME	201110, 201112011				1.2 NAME								
¶3TREET ADDRESS	1000 1000 000 000				1.3 STREFT ADDRESS								
CITY-ST-ZIP	WASHINGTON DC				1.4 CITY-ST-ZIP								
TITLE	CEO DELETE				2 1 TITLE] Chang	e 🔲 Addition		
NAME	LUKEN, HENRY G				2 2 NAME	ĺ							
STREET ADDRESS	1522 NW 23RD AVE				2.3 STREET ADDRESS				•				
CITY-ST-ZIP TITLE		FT LAUDERDALE FL			2.4 C/TY - ST - ZIP 3. 1 TITLE					7.0	Prog. 4 L Vo.		
NAME		TCD DELETE							L	Chang	e 🔲 Addition		
STREET ADDRESS		LUKEN, HENRY G III 1522 NW 23RD AVE					200400						
City-St-7IP	FT LAUDERDALE FL				3.3. STREET ADDRESS 3.4 City-St-Zip		·	700001814287 -05/09/96=-01009033 ***200 00					
TITLE	C00				4. 1 TITLE			-US/US/36U1UUSU33					
NAME	STODTER,	MARK J			4.2 NAME			***200.00	L	T ourna	· L Monton		
STREET ADDRESS		ILEY ROAD				r an	INRESS						
CITY-ST-ZIP	WHEATON MD				4.3 STREET ADDRESS 4.4 City-St-Zip								
TITLE	VP		DELETE		5 1 TITLE			· · · · · · · · · · · · · · · · · · ·		Chang	e 🗀 Addition		
NAME	MARINE-ST	REET, NATALIE J			5 2 NAME				•				
STREET ADDRESS	221 S VIRO			ŀ	5.3 STREF1	I AD	DRESS						
CITY-ST-ZIP	EALLO OURDOU MA				5.4 CITY-ST-ZIP								
TITLE	GC		☐ DELETE		6 1 TITLE	•			-	Chang	e 🔲 Addition		
NAME	RACHLIN,	-		ŀ	62 NAME				9/	_			
STREET ADDRESS 2646 WOODLEY PLACE N W					63 STREET ADDRESS				2 .	KV			
CITY-ST-ZIP WASHINGTON DC					64 CITY-ST-ZIP						1		
14. I do hereby	vicertify that the i	nformation supplied w	th this filing is voluntarily fur	mished	and doe	es r	not qualify for	the exemption stated in Section 1197	17(31/k) Fig	cida Sta	tutoe I further		

1. To 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 chapted, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1946 (703) 621-5650