

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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90138 027 ***150.00



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

PROFIT-CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **F93000005378**

1. Corporation Name
~~XXX, INC.~~
Williams Communications, Inc



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**ONE WILLIAMS CENTER
 TULSA OK 74172**

Mailing Address
**P.O. BOX 22067
 TAX DEPARTMENT
 TULSA OK 74121
 US**

3. Date Incorporated or Qualified
11/24/1993

4. FEI Number
73-1349451

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | JAMES R. HERBSTER |
| STREET ADDRESS | ONE WILLIAM CENTER |
| CITY-ST-ZIP | TULSA OK 74172 |
| TITLE | PD <input type="checkbox"/> DELETE |
| NAME | BOTHOF, DELWIN L |
| STREET ADDRESS | ONE WILLIAMS CENTER |
| CITY-ST-ZIP | TULSA OK 74172 |
| TITLE | D <input checked="" type="checkbox"/> DELETE |
| NAME | BUMGARNER, JR. J |
| STREET ADDRESS | ONE WILLIAMS CENTER |
| CITY-ST-ZIP | TULSA OK 74172 |
| TITLE | S <input checked="" type="checkbox"/> DELETE |
| NAME | HIGBEE, DAVID M |
| STREET ADDRESS | ONE WILLIAM CENTER |
| CITY-ST-ZIP | TULSA OK |
| TITLE | VD <input type="checkbox"/> DELETE |
| NAME | S. MILLER WILLIAMS |
| STREET ADDRESS | ONE WILLIAM CENTER |
| CITY-ST-ZIP | TULSA OK 74172 |
| TITLE | COBD <input type="checkbox"/> DELETE |
| NAME | JANZEN, HOWARD E. |
| STREET ADDRESS | ONE WILLIAM CENTER |
| CITY-ST-ZIP | TULSA OK 74172 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | LAURA A. KENNY |
| 1.3 STREET ADDRESS | ONE WILLIAMS CTR |
| 1.4 CITY-ST-ZIP | TULSA, OK 74172 |
| 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 | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | Joseph C. Turcotte |
| 3.3 STREET ADDRESS | ONE WILLIAMS CTR |
| 3.4 CITY-ST-ZIP | TULSA, OK 74172 |
| 4.1 TITLE | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | SHAWNA L. Gehres |
| 4.3 STREET ADDRESS | ONE WILLIAMS CTR |
| 4.4 CITY-ST-ZIP | TULSA OK 74172 |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE: *Shawna L. Gehres* **SHAWNA L. Gehres** 4/21/99 (918) 573-2298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)

F93600005378
401266-90138-
27

**APPLICATION BY FOREIGN CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN
FLORIDA**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 19 PM 3:00

SECTION I (1-3 must be completed)

1. Vyvx, Inc.
Name of corporation as it appears within the records of the Department of State.

2. Incorporated under laws of: Delaware

3. Date authorized to do business in Florida: November 24, 1993

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

January 29, 1998

5. Name of corporation after the amendment, adding suffix "corporation," "company," "incorporated," or appropriate abbreviation, if not contained in new name of the corporation:

Williams Communications, Inc.

6. If the amendment changes the period of duration, indicate new period of duration.

No Change

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

[Signature] _____
Date 2/27/98

Signature
Name and Title

David M. Higbee, Secretary