SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 16, 1994.
AMOUNT DUE ON OR BEFORE 8/16/94: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT **1994**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

94 AUG -3 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005436 (1)**

1. Corporation Name
MFS INTELENET OF FLORIDA, INC.

Mailing Address
101 HUDSON STREET
2ND FLOOR
JERSEY CITY NJ 07320

Principal Place of Business
101 HUDSON STREET
2ND FLOOR
JERSEY CITY NJ 07320

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

2. Mailing Address 21	2a. Principal Place of Business 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **11/30/1993**
3a. Date of Last Report: **N/A**
4. FEI Number: ~~APPLIED FOR~~ **47-0773910** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, 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		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	D	11 TITLE	
12 NAME	CROWE JAMES Q	12 NAME	
13 STREET ADDRESS	200 KIEWIT PLAZA	13 STREET ADDRESS	
14 CITY-ST-ZIP	OMAHA NE	14 CITY-ST-ZIP	
21 TITLE	D	21 TITLE	
22 NAME	BRADBURY R D	22 NAME	
23 STREET ADDRESS	200 KIEWIT PLAZA	23 STREET ADDRESS	
24 CITY-ST-ZIP	OMAHA NE	24 CITY-ST-ZIP	
31 TITLE	D/S	31 TITLE	
32 NAME	FERGUSON TERRENCE J	32 NAME	
33 STREET ADDRESS	200 KIEWIT PLAZA	33 STREET ADDRESS	
34 CITY ST ZIP	OMAHA NE	34 CITY ST ZIP	
41 TITLE	C	41 TITLE	
42 NAME	HOLLAND ROYCE J	42 NAME	
43 STREET ADDRESS	1 TOWER LANE, STE 1600	43 STREET ADDRESS	
44 CITY ST ZIP	OAKBROOK TERRACE IL	44 CITY ST ZIP	
51 TITLE	P/D	51 TITLE	
52 NAME	PICKLE KIRBY G	52 NAME	
53 STREET ADDRESS	101 HUDSON STREET, 6TH FLOOR	53 STREET ADDRESS	
54 CITY-ST-ZIP	JERSEY CITY NJ	54 CITY-ST-ZIP	
61 TITLE	V	61 TITLE	
62 NAME	JONES STEVEN D	62 NAME	
63 STREET ADDRESS	200 KIEWIT PLAZA	63 STREET ADDRESS	
64 CITY ST ZIP	OMAHA NE	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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on an attachment with an address.

SIGNATURE: James A Ferguson
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

7/28/94
Date

402/271-2892
Daytime Phone #

0203204