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

APPROVED AND FILED
95 APR 11 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005436 (1)**

1. Corporation Name
MFS INTELENET OF FLORIDA, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/30/1993
3a. Date of Last Report: 06/24/1994

2. Principal Place of Business	2a. Mailing Address
21 200 Kiewit Plaza	26 200 Kiewit Plaza
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Omaha, NE	28 Omaha, NE
24 Zip 68131 / 25 Country	29 Zip 68131 / 30 Country

4. FEI Number: 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

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, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	CROWE, JAMES Q	1.2 NAME	
STREET ADDRESS	200 KIEWIT PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BRADBURY, R D	2.2 NAME	
STREET ADDRESS	200 KIEWIT PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	FERGUSON, TERRENCE J	3.2 NAME	
STREET ADDRESS	200 KIEWIT PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	☐ Change ☐ Addition
NAME	HOLLAND, ROYCE J	4.2 NAME	
STREET ADDRESS	1 TOWER LANE, STE 1600	4.3 STREET ADDRESS	
CITY-ST-ZIP	OAKBROOK TERRACE IL	4.4 CITY-ST-ZIP	
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	PICKLE, KIRBY G	5.2 NAME	
STREET ADDRESS	101 HUDSON STREET, 6TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	JERSEY CITY NJ	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, STEVEN D	6.2 NAME	
STREET ADDRESS	200 KIEWIT PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	OMAHA NE	6.4 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: Robert J. Ludwick 4/01/95 402-977-5315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert J. Ludwick, Vice President

0304478 FP