SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 21 PM 10:52

DOCUMENT # F94000000389 (6)

1. Corporation Name

ITC TELE-SERVICES, INC.

Principal Place of Business	Mailing Address
422 WEST RIVERSIDE 4TH FLOOR SPOKANE WA 99201-0302	422 WEST RIVERSIDE 4TH FLOOR SPOKANE WA 99201-0302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/26/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 515 East Amite Street
22: Suite, Apt. #, etc:
23: City & State: Jackson, MS
24: Zip: 39201-2702
25: Country: US

2a. Mailing Address
26: 515 East Amite Street
27: Suite, Apt. #, etc: Tax Department
28: City & State: Jackson, MS
29: Zip: 39201-2702
30: Country: US

4. FEI Number: 91-1362099 ☐ 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 S. PINE ISLAND RD.
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	PD	11 TITLE	President	☒ Change ☐ Addition
NAME	SOUMAS, LOUIS J	12 NAME	Bernard J. Ebbers	
STREET ADDRESS	422 W. RIVERSIDE	13 STREET ADDRESS	515 East Amite St.	
CITY ST ZIP	SPOKANE WA 99201	14 CITY ST ZIP	Jackson, MS 39201-2702	
TITLE	SD	21 TITLE	Secretary	☒ Change ☐ Addition
NAME	MEAN, STEPHEN D	22 NAME	Scott Sullivan	
STREET ADDRESS	422 W. RIVERSIDE	23 STREET ADDRESS	515 East Amite St.	
CITY ST ZIP	SPOKANE WA 99201	24 CITY ST ZIP	Jackson, MS 39201-2702	
TITLE	D	31 TITLE	Director	☒ Change ☐ Addition
NAME	BARACH, MICHAEL I	32 NAME	Bernard J Ebbers	
STREET ADDRESS	422 W. RIVERSIDE	33 STREET ADDRESS	515 East Amite St.	
CITY ST ZIP	SPOKANE WA 99201	34 CITY ST ZIP	Jackson, MS 39201-2702	
TITLE	D	41 TITLE	Director	☒ Change ☐ Addition
NAME	BREKKA, RICHARD J	42 NAME	Charles T. Cannada	
STREET ADDRESS	422 W. RIVERSIDE	43 STREET ADDRESS	515 East Amite St.	
CITY ST ZIP	SPOKANE WA 99201	44 CITY ST ZIP	Jackson, MS 39201-2702	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	CUSAC, RICHARD S	52 NAME		
STREET ADDRESS	422 W. RIVERSIDE	53 STREET ADDRESS	DELETE	
CITY ST ZIP	SPOKANE WA 99201	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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: _____ Scott Sullivan (601) 360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0184004 FN