FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000000389 (6)**

1. Corporation Name

ITC TELE-SERVICES, INC.

Principal Place of Business	Mailing Address
515 EAST AMITE STREET 4TH FLOOR JACKSON MS 39201-2702 US	515 EAST AMITE STREET TAX DEPARTMENT JACKSON MS 39201-2702 US

2. Principal Place of Business	2a. Mailing Address
21 515 East Amite Street	26 PO Box 23397
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jackson MS	City & State 28 Jackson MS
Zip 24 39201-2702 / Country 25 US	Zip 29 39225-3397 / Country 30 US

3. Date Incorporated or Qualified	3a. Date of Last Report
01/26/1994	06/21/1995

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: NRAI Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue
83
84 City: Tallahassee FL 85 Zip Code: 32301

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: Charles A. Coyle - Asst. Secy. DATE: 5-31-96
Signature, typed or printed name of person signing (see section 607.0505, Florida Statutes) (If the Registered Agent is signing, signature required after registration)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	EBBERS, BERNARD J.		1.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		1.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, SCOTT		2.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	EBBERS, BERNARD J.		3.2 NAME	
STREET ADDRESS	515 EAST AMITE STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSON MS		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CANNADA, CHARLES T.		4.2 NAME	300001856473
STREET ADDRESS	515 EAST AMITE STREET		4.3 STREET ADDRESS	-06/10/96--01010--018
CITY-ST-ZIP	JACKSON MS		4.4 CITY-ST-ZIP	***200.00
TITLE		☐ DELETE	5.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME			5.2 NAME	David Myers
STREET ADDRESS			5.3 STREET ADDRESS	515 East Amite Street
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Jackson MS
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	5-1-96
STREET ADDRESS			6.3 STREET ADDRESS	AEG
CITY-ST-ZIP			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 this 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: David Myers - Treasurer 3-01-96 (601) 360-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)