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 18 PM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000776 (4)**

1. Corporation Name
FRONTIER COMMUNICATIONS INTERNATIONAL INC.

Principal Place of Business	Mailing Address
180 SOUTH CLINTON AVENUE ROCHESTER NY 14646-0800	180 SOUTH CLINTON AVENUE ROCHESTER NY 14646-0800

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1994
3a. Date of Last Report:

2. Principal Place of Business 21	2a. Mailing Address 26 180 S. Clinton Ave.	4. FEI Number 16-1194420	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 Corp. Tax 4th FL.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28 Rochester NY	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 14646 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 _____
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	C+D	☒ Change ☐ Addition
NAME	GREGORY, DALE M	12 NAME	Gregory, Dale M.	
STREET ADDRESS	180 SOUTH CLINTON AVE.	13 STREET ADDRESS	180 S. Clinton Ave.	
CITY-ST-ZIP	ROCHESTER NY	14 CITY-ST-ZIP	Rochester, NY 14646	
TITLE	D	21 TITLE	P+D	☐ Change ☒ Addition
NAME	MASSARO, LOUIS L	22 NAME	Daniel Latham	
STREET ADDRESS	180 SOUTH CLINTON AVE.	23 STREET ADDRESS	180 S. Clinton Avenue	
CITY-ST-ZIP	ROCHESTER NY	24 CITY-ST-ZIP	Rochester, NY 14646	
TITLE	STD	31 TITLE	S+T	☒ Change ☐ Addition
NAME	VALENTI, GEORGE A	32 NAME	James J. Mulcahy	
STREET ADDRESS	180 SOUTH CLINTON AVE.	33 STREET ADDRESS	180 S. Clinton Ave.	
CITY-ST-ZIP	ROCHESTER NY	34 CITY-ST-ZIP	Rochester, NY 14646	
TITLE	V	41 TITLE	V	☒ Change ☐ Addition
NAME	VALENTI, LYNN J	42 NAME	Richard A. Coleman	
STREET ADDRESS	180 SOUTH CLINTON AVE.	43 STREET ADDRESS	180 S. Clinton Ave.	
CITY-ST-ZIP	ROCHESTER NY	44 CITY-ST-ZIP	Rochester, NY 14646	
TITLE	V	51 TITLE	AST	☐ Change ☒ Addition
NAME	DOLE, JAMES G	52 NAME	Barbara LaVerdi	
STREET ADDRESS	180 SOUTH CLINTON AVE.	53 STREET ADDRESS	180 S. Clinton Ave.	
CITY-ST-ZIP	ROCHESTER NY	54 CITY-ST-ZIP	Rochester, NY 14646	
TITLE	AST	61 TITLE	AST	☒ Change ☐ Addition
NAME	SCHNORR, LISA M	62 NAME	Valerie A. Iman	
STREET ADDRESS	180 SOUTH CLINTON AVE.	63 STREET ADDRESS	180 S. Clinton Ave.	
CITY-ST-ZIP	ROCHESTER NY	64 CITY-ST-ZIP	Rochester, NY 14646	

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: Valerie A. Iman — Valerie A. Iman — 4/11/95 — 718-777-8573
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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