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 19 AM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # F94000000910 (9)

1. Corporation Name
RAPID LINK U.S.A., INC.

Principal Place of Business
1000 CIRCLE 75 PARKWAY
SUITE 50
ATLANTA GA 30339

Mailing Address
1000 CIRCLE 75 PARKWAY
SUITE 50
ATLANTA GA 30339

3. Date Incorporated or Qualified: 02/23/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 57-0986779 — 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD ☒ Change ☐ Addition
NAME	WISE, THOMAS D	1.2 NAME	
STREET ADDRESS	82 RUTLEDGE STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHARLESTON SC	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	HILLS JR, JAMES M	2.2 NAME	
STREET ADDRESS	INGELSIDE PLANTATION	2.3 STREET ADDRESS	
CITY - ST - ZIP	GEORGETOWN SC	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	MOORE IV, HENRY S	3.2 NAME	
STREET ADDRESS	502 EGRET CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GEORGETOWN SC	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	☒ Change ☐ Addition
NAME	LONG, JOSEPH A	4.2 NAME	
STREET ADDRESS	1000 CIRCLE 75 PKWY, STE 50	4.3 STREET ADDRESS	DELETE
CITY - ST - ZIP	ATLANTA GA	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	P ☐ Change ☒ Addition
NAME		5.2 NAME	JAMES FITZGERALD
STREET ADDRESS		5.3 STREET ADDRESS	4951 HAMPTON CIRCLE
CITY - ST - ZIP		5.4 CITY - ST - ZIP	MARIETTA, GA 30068
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(k), 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: Thomas D. Wise Thomas D. Wise 3/14/95 803-727-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMON FP