

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000910 (9)

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

Principal Place of Business 1000 CIRCLE 75 PARKWAY SUITE 700 ATLANTA GA 30339	Mailing Address 1000 CIRCLE 75 PARKWAY SUITE 700 ATLANTA GA 30339
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/23/1994	
21		26		4. FEI Number 57-0986779	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E PARK AVE. TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 Zip Code
				FL	

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	ASD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HILLS JR, JAMES M			1.2 NAME	Wong, David		
STREET ADDRESS	107 CANNON ST.			1.3 STREET ADDRESS	2611 Gladstone Terrace		
CITY-ST-ZIP	GEORGETOWN SC			1.4 CITY-ST-ZIP	Woodstock, GA 30189		
TITLE	TD	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE IV, HENRY S			2.2 NAME			
STREET ADDRESS	503 EGRET CIRCLE			2.3 STREET ADDRESS			
CITY-ST-ZIP	GEORGETOWN SC 29442			2.4 CITY-ST-ZIP			
TITLE	ATD	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, PATRICIA L			3.2 NAME			
STREET ADDRESS	82 RUTLEDGE AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHARLESTON SC			3.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, TIMOTHY D			4.2 NAME			
STREET ADDRESS	2008 CHELTON WAY			4.3 STREET ADDRESS			
CITY-ST-ZIP	SMYRNA GA			4.4 CITY-ST-ZIP			
TITLE	PCD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, THOMAS D			5.2 NAME			
STREET ADDRESS	1000 CIRCLE 75 PARKWAY STE 700			5.3 STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			5.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WISE, DAVID O.			6.2 NAME	Wise, David O,		
STREET ADDRESS	311 PEACHTREE HILLS AVE., APT #9B			6.3 STREET ADDRESS	745 Huntington Place		
CITY-ST-ZIP	ATLANTA GA			6.4 CITY-ST-ZIP	Marrietta, GA 30067		

14. I hereby certify that the information supplied with this filing 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.

CR2E034 (10/97)