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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90023 012 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002577

1. Corporation Name

ICG TELECOM GROUP, INC.

Principal Place of Business

**161 INVERNESS DRIVE WEST
ENGLEWOOD CO 80112
US**

Mailing Address

**PO BOX 6742
ENGLEWOOD CO 80155-6742**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/17/1994

4. FEI Number

84-1261063

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**CT 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	OHRINGER, SHELDON S	
STREET ADDRESS	161 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	MAASEN, MARK E.	
STREET ADDRESS	161 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	GRENELL, JAMES D	
STREET ADDRESS	161 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	TEAGUE, DON	
STREET ADDRESS	161 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	T	<input type="checkbox"/> DELETE
NAME	VEGLIANTE, REGINA A	
STREET ADDRESS	161 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	HALSEY, GREG	
STREET ADDRESS	161 INVERNESS DRIVE WEST	
CITY-ST-ZIP	ENGLEWOOD CO 80112	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director and President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Douglas I. Falk	
1.3 STREET ADDRESS	161 Inverness Drive West	
1.4 CITY-ST-ZIP	Englewood, CO 80112	
2.1 TITLE	Director and VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Harry R. Herbst	
2.3 STREET ADDRESS	161 Inverness Drive West	
2.4 CITY-ST-ZIP	Englewood, CO 80112	
3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Kathleen M. Boelte	
3.3 STREET ADDRESS	161 Inverness Drive West	
3.4 CITY-ST-ZIP	Englewood, CO 80112	
4.1 TITLE	Director, VP, and Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Assistant VP-Tax	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Robert L. Merkel	
6.3 STREET ADDRESS	161 Inverness Drive West	
6.4 CITY-ST-ZIP	Englewood, CO 80112	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

(303) 414-5000

Daytime Phone #

CR2E034 (11/98)