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 # **F94000002937 (0)**

1. Corporation Name

COMMONWEALTH LONG DISTANCE COMPANY

Principal Place of Business	Mailing Address
105 CARNEGIE CENTER PRINCETON NJ 08540 US	105 CARNEGIE CENTER PRINCETON NJ 08540 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **06/06/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **23-2598447** ☐ 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) (Florida Registered Agent's signature is required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCOURT, DAVID C		1.2 NAME		
STREET ADDRESS	105 CARNEGIE CENTER		1.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ		1.4 CITY-ST-ZIP		
TITLE	PCOO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MAHONEY, MICHAEL J		2.2 NAME		
STREET ADDRESS	105 CARNEGIE CENTER		2.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ		2.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GODFREY, BRUCE G		3.2 NAME		
STREET ADDRESS	105 CARNEGIE CENTER		3.3 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ		3.4 CITY-ST-ZIP		
TITLE	CAOV	☒ DELETE	4.1 TITLE	EVP	☐ Change ☒ Addition
NAME	MENAPACE, JOHN J		4.2 NAME	Kevin M. O'Hare	
STREET ADDRESS	46 PUBLIC SQUARE		4.3 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA 18703		4.4 CITY-ST-ZIP	Princeton, NJ 08540	
TITLE	VGCS	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	OSTROSKI, RAYMOND B		5.2 NAME		
STREET ADDRESS	46 PUBLIC SQUARE		5.3 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA 18703		5.4 CITY-ST-ZIP	Princeton, NJ 08540	
TITLE	VP	☒ DELETE	6.1 TITLE	VP	☐ Change ☒ Addition
NAME	ADAMS, MICHAEL A		6.2 NAME	Ralph S. Hromisin	
STREET ADDRESS	46 PUBLIC SQUARE		6.3 STREET ADDRESS	105 Carnegie Center	
CITY-ST-ZIP	WILKES-BARRE PA 18703		6.4 CITY-ST-ZIP	Princeton, NJ 08540	

CR2E034 (12/95)

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: [signature] Bruce Godfrey 4/12/96 609-734-3720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #