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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94000003031 (1)

PROTOCOL TELECOMMUNICATIONS SERVICES, INC.

5180 PARKSTONE DR.: #190 CHANTILLY VA 22021			5180 PARKSTONE DR., #190 CHANTILLY VA 22021					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified					
									06/09/19				
2. Principal Place of Business 2a. Mailing Addre					/ess				4. FEI Number			I Ac	plied For
21 Through Flase or Eddiness			26 P.O. Box 221590					54-1356	10 97			t Applicable	
Suite, Apt. #, etc			Suite, Apt #, etc.					5. Certificate of Status Desired Security Fee Required					
City & State			City & State 28 Chantilly, VA					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Cou	ntry	1	Zip	Co	untry			8. This corpora	tion owes or t	as paid the cu	rrent year Int	angible
20151	-3813 25		29	20153-1590	30 l	JSA		ŀ	Personal Pro	perty Tax due	June 30.	Yes [No
	9. Name and Ad	dress of Current I	Regis	tered Agent				1	IO. Name and A	ddress of N	w Registered	l Agent	
CI	CORPORATION S	YSTEM				81	Name						
1200 S. PINE ISLAND ROAD						B2	Street /	Address	(P.O. Box Num	oer is Not Acc	eptable)		
PLANTATION FL 33324													
						63	ĺ						
						84 City						85 Zip	Code
				07.1508, Florida Statu							FI		
SIGNATURE	Signature typed or printed i	name of registered agent	and title		TE Register	ed Age			then reinstating)		DATE		
12.	00	OFFICERS AND	DIREC	DELETE	13.	TITLE	r		ADDITIONS/C	TANGES TO	OFFICENS AN	Change	Addition
NAME	PD Kipp, R. R			LJ tyticit		NAME						Onlingo	
	15058 STILLFIE	EI IN DI ACE					ADDRESS						
STREET ADDRESS	CENTREVILLE												
CITY-ST-ZIP TITLE	CB	*^		X KOELETE		CITY - S TITLE	A - ZIP	CB				Change	X Addition
NAME	GRINSTEAD, S	1				NAME		P. P	fister	c/o A	decco	-	
STREET ADDRESS	79 CAVENDISH						ADDRESS		Redwood				
CITY-ST-ZIP	HERTFORDHIR						ST-ZIP		rood City		94065		
TITLE	V			DELETE		TITLE						Change	Addition
NAME	BERRY, S. A				3.2	NAME							
STREET ADDRESS	3916 BOKEL D	R			3.3	STREET	ADDRESS						
CITY-ST-ZIP	CHANTILLY VA				34.	CITY-	\$1 - ZIP						
TITLE	VCFO			DELETE	4.1	TITLE						☐ Change	Addition
NAME	COMRIE, R. E				4 2	NAME							
	CUMPRE, IL. E					LINGAIC							
STREET ADDRESS	6303 LEE FOR	EST PATH			4		I ADDRESS						

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 supplimental 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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

5.4 CITY - ST - ZIP

SIGNATURE:

FUHRER, R.A.

BETHESDA MD

REDWOOD CITY CA

BOWMER, J

8315 NORTH BROOK LANE

100 REDWOOD SHORES PARKWAY

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY ST-ZIP

__ DELETE

DELETE

R. A. Fuhrer

April 15, 1998

FILED

May 07 1998 8:00am

Secretary of State

(703) 222-8300

Change

Change

Addition

Addition