

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

FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000005430 (3)</b>			
1. Corporation Name <b>ASC TELECOM, INC.</b>			
Principal Place of Business <b>2330 SHAWNEE MISSION PARKWAY WESTWOOD KS 66205</b>		Mailing Address <b>2330 SHAWNEE MISSION PARKWAY WESTWOOD KS 66205-2005</b>	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address <b>903 E 104th</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>10/19/1994</b>		3a. Date of Last Report <b>01/24/1996</b>	
				4. FEI Number <b>48-1155968</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET, STE 105 TALLAHASSEE FL 32301</b>				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			
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	PCD
NAME	KALBRENER, RICHARD H	1.2 NAME	ERIC P. Tom
STREET ADDRESS	925 DILLINGHAM BLVD.	1.3 STREET ADDRESS	925 Dillingham Blvd
CITY - ST - ZIP	HONOLULU HI	1.4 CITY - ST - ZIP	Honolulu HI 96817
TITLE	V	2.1 TITLE	D
NAME	MEYER, JOHN P	2.2 NAME	Glenn Yamashita
STREET ADDRESS	903 E. 104TH ST.	2.3 STREET ADDRESS	925 Dillingham Blvd
CITY - ST - ZIP	KANSAS CITY MO	2.4 CITY - ST - ZIP	Honolulu HI 96817
TITLE	S	3.1 TITLE	
NAME	HYDE, MICHAEL T	3.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	WESTWOOD KS	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	
NAME	STRANDJORD, M J	4.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	WESTWOOD KS	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	
NAME	TOM, ERIC P	5.2 NAME	
STREET ADDRESS	925 DILLINGHAM BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	HONOLULU HI	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
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 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: *Michael T. Hyde* **Michael T. Hyde** 2/10/97 (816)854-7683  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)