

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90105 034 \*\*\*150.00

**DOCUMENT # F94000005430**

1. Corporation Name  
**ASC TELECOM, INC.**



Principal Place of Business  
**2330 SHAWNEE MISSION PARKWAY  
WESTWOOD KS 66205**

Mailing Address  
**903 E 104TH  
KANSAS CITY MO 64131  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/19/1994**

4. FEI Number  
**48-1155968**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Election Campaign Financing - ☐ **\$5.00** May Be  
Trust Fund Contribution 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET, STE 105  
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 **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	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>YAMASHITA, GLENN</b>	
STREET ADDRESS	<b>925 DILLINGHAM BLVD</b>	
CITY-ST-ZIP	<b>HONOLULU HI</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>MEYER, JOHN P</b>	
STREET ADDRESS	<b>903 E. 104TH ST.</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>HYDE, MICHAEL T</b>	
STREET ADDRESS	<b>2330 SHAWNEE MISSION PKWY</b>	
CITY-ST-ZIP	<b>WESTWOOD KS</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>STRANDJORD, M J</b>	
STREET ADDRESS	<b>2330 SHAWNEE MISSION PKWY</b>	
CITY-ST-ZIP	<b>WESTWOOD KS</b>	
TITLE	<b>PCD</b>	<input type="checkbox"/> DELETE
NAME	<b>TOM, ERIC P</b>	
STREET ADDRESS	<b>925 DILLINGHAM BLVD.</b>	
CITY-ST-ZIP	<b>HONOLULU HI</b>	
TITLE	<b>SAVP</b>	<input type="checkbox"/> DELETE
NAME	<b>BESHEARS MARK V</b>	
STREET ADDRESS	<b>903 E 104TH ST</b>	
CITY-ST-ZIP	<b>KANSAS CITY MO 64131</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Director</b>
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: **Mark V Beshears**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-5-99**  
Date

**816-254-7683**  
Daytime Phone #

CR2E034 (11/98)