

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F94000005527 (6)
 1. Corporation Name

ICG TELECOM SERVICES, INC.



Principal Place of Business: **9605 E. MAROON CIRCLE ENGLEWOOD CO 80112**
 Mailing Address: **9605 E. MAROON CIRCLE ENGLEWOOD CO 80112**

3. Date Incorporated or Qualified: **10/25/1994** 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **84-1282619** 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

2. Principal Place of Business: **21** Suite, Apt #, etc: **22** City & State: **23** Zip: **24** Country: **25**
 2a. Mailing Address: **26** Suite, Apt #, etc: **27** City & State: **28** Zip: **29** Country: **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 900001863329
84 City: 06/17/96-01023-0485 Zip Code: *225.00 FL**

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: _____ (DATE: _____)
 Signature typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, WILLIAM W	12 NAME	
STREET ADDRESS	1050 SEVENTEENTH ST., STE. 1610	13 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO 80265	14 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, WILLIAM J	22 NAME	
STREET ADDRESS	1050 SEVENTEENTH ST., STE. 1610	23 STREET ADDRESS	9605 E. Maroon Circle, Suite 100
CITY-ST-ZIP	DENVER CO 80265	24 CITY-ST-ZIP	Englewood, CO 80112
TITLE	DS <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BECKER, LARRY L	32 NAME	V/S
STREET ADDRESS	1050 SEVENTEENTH ST., STE. 1610	33 STREET ADDRESS	9605 E. Maroon Circle, Suite 100
CITY-ST-ZIP	DENVER CO 80265	34 CITY-ST-ZIP	Englewood, CO 80112
TITLE	V <input checked="" type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNASCHONE, JOHN A	42 NAME	D/V
STREET ADDRESS	1050 SEVENTEENTH ST., STE. 1610	43 STREET ADDRESS	John D. Field
CITY-ST-ZIP	DENVER CO 80265	44 CITY-ST-ZIP	9605 E. Maroon Circle, Suite 100
TITLE	T <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVANS, JOHN R	52 NAME	D/T
STREET ADDRESS	1050 SEVENTEENTH ST., STE. 1610	53 STREET ADDRESS	James D. Grenfell
CITY-ST-ZIP	DENVER CO 80265	54 CITY-ST-ZIP	9605 E. Maroon Circle, Suite 100
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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 119.01(3)(b), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 11 or Block 13, if changed, on an attachment with an address.

SIGNATURE: Martin E. Freidel 6/10/96 (303) 572-5960
 Martin E. Freidel, Vice President

CR2E034 (3/96)

6-12-96