


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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000541**

1. Corporation Name

Contact Communications Inc.

Principal Place of Business

Mailing Address

6340 LBJ Frwy.  
Dallas, TX 75240

6340 LBJ Frwy.  
Dallas, TX 75240

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

3a. Date of Last Report

12/14/88

April 1996

4. FEI Number

Applied For

75-2548538

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

10. Name and Address of New Registered Agent

CT Corporation System  
1200 S. Pine Island Rd.  
Plantation, FL 33324

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  
officer 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 type for printed name of registered agent and title, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO, Chairman of the Board	<input type="checkbox"/> DELETE
NAME	Kimzey, Jackie R.	
STREET ADDRESS	6340 LBJ Frwy.	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	President and COO	<input type="checkbox"/> DELETE
NAME	Vucina, David J.	
STREET ADDRESS	6340 LBJ Frwy.	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	Senior VP, Treasurer and CFO	<input type="checkbox"/> DELETE
NAME	Gaulding, Jan E.	
STREET ADDRESS	6340 LBJ Frwy.	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	VP, Secretary & General Counsel	<input type="checkbox"/> DELETE
NAME	Soils, Mark A.	
STREET ADDRESS	6340 LBJ Frwy.	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	Sr. VP & Chief Technical Officer	<input type="checkbox"/> DELETE
NAME	Owens, Jeffrey A.	
STREET ADDRESS	6340 LBJ Frwy.	
CITY-ST-ZIP	Dallas, TX 75240	
TITLE	Asst. Secretary	<input type="checkbox"/> DELETE
NAME	Floek, Richard K.	
STREET ADDRESS	6340 LBJ Frwy.	
CITY-ST-ZIP	Dallas, TX 75240	

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 type="checkbox"/> Addition
3.2 NAME	
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	

600002185136  
-05/20/97--01054--041  
\*\*\*165.00

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 and data 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard K. Floek

4/24/97

Date

972-687-2000

Daytime Phone #

CR2E034 (9/96)