

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000541 (1)**

1. Corporation Name
CONTACT COMMUNICATIONS INC.



Principal Place of Business 6340 LBJ FREEWAY SUITE 100 DALLAS TX 75240 US	Mailing Address 6340 LBJ FREEWAY SUITE 100 DALLAS TX 75240 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6910 Richmond Highway Suite, Apt. #, etc.		2a. Mailing Address 26 6910 Richmond Highway Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/01/1995	
22 City & State 23 Alexandria, VA Zip 24 22306 Country 25 USA		27 City & State 28 Alexandria, VA Zip 29 22306 Country 30 USA		4. FEI Number 75-2548538 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324				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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	CCEO	KIMZEY, JACKIE R	6340 LBJ FREEWAY DALLAS TX 75240		PCEO	William L. Collins, III	6910 Richmond Highway Alexandria, VA 22306
			<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	P	VUCINA, DAVID J	6340 LBJ FREEWAY DALLAS TX 75240		VPCOO	Steven D. Jacoby	6910 Richmond Highway Alexandria, VA 22306
			<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	VST	GAULDING, JAN E JR	6340 LBJ FREEWAY DALLAS TX 75240		VPCFOS	Vincent D. Kelly	6910 Richmond Highway Alexandria, VA 22306
			<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	V	BERNARD, BO	6340 LBJ FREEWAY DALLAS TX 75240		VP	Ronnie E. Harold	6910 Richmond Highway Alexandria, VA 22306
			<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	V	OWENS, JEFF	6340 LBJ FREEWAY DALLAS TX 75240		AS	Shirley B. White	6910 Richmond Highway Alexandria, VA 22306
			<input checked="" type="checkbox"/> DELETE				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
			<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, upon an attachment with an address.

SIGNATURE

(703) 660-6677

CR2E034 (10/97)