

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002071 (7)

1. Corporation Name

U S WEST INTERPRISE AMERICA, INC.

Principal Place of Business

7800 E. ORCHARD RD.
SUITE 480
ENGLEWOOD CO 80111

Mailing Address

7800 E. ORCHARD RD.
SUITE 480
ENGLEWOOD CO 80111



3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

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

9. Name and Address of Current Registered Agent

C T 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

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

P

NAME

PARRICK, GERALD H
1999 BROADWAY
DENVER CO 80202

STREET ADDRESS

CITY-ST-ZIP

TITLE

VT

NAME

CHANDLER, SCOTT
1999 BROADWAY
DENVER CO 80202

STREET ADDRESS

CITY-ST-ZIP

TITLE

S

NAME

JAPHA, BARBARA M
7800 E. ORCHARD RD.
ENGLEWOOD CO 80111

STREET ADDRESS

CITY-ST-ZIP

TITLE

AS

NAME

HUJAR, GLENDA M
7800 E. ORCHARD RD.
ENGLEWOOD CO 80111

STREET ADDRESS

CITY-ST-ZIP

TITLE

AS

NAME

STEPHENS, TERRY K
7800 E. ORCHARD RD.
ENGLEWOOD CO 80111

STREET ADDRESS

CITY-ST-ZIP

TITLE

D

NAME

HAPKA, CATHERINE M
150 S. 5TH ST.
MINNEAPOLIS MN 55402

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Glenda M. Hajar

Glenda M. Hajar

7/11/96 (303) 792-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR