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FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000002299 (4)

1. Corporation Name

CINCINNATI BELL LONG DISTANCE, INC.

Principal Place of Business

36 E. SEVENTH STREET
SUITE 2200
CINCINNATI OH 45202

Mailing Address

201 E. 4TH STREET
ROOM 102-815
CINCINNATI OH 45202-4122
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

05/10/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

31-1100784

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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)

Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS NELSON, BARRY L
CITY-STATE-ZIP 36 E. SEVENTH STREET, STE 2200
CINCINNATI OH

TITLE ☐ DELETE

NAME VST
STREET ADDRESS KRAMER, THOMAS B
CITY-STATE-ZIP 36 E. SEVENTH STREET, STE 2200
CINCINNATI OH

TITLE ☐ DELETE

NAME D
STREET ADDRESS LAMACCHIA, J T
CITY-STATE-ZIP 36 E. SEVENTH STREET, STE 2200
CINCINNATI OH

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 ☐ Change ☐ Addition

1.2 ☐ Change ☐ Addition

1.3 ☐ Change ☐ Addition

1.4 ☐ Change ☐ Addition

2.1 ☐ Change ☐ Addition

2.2 ☐ Change ☐ Addition

2.3 ☐ Change ☐ Addition

2.4 ☐ Change ☐ Addition

3.1 ☐ Change ☐ Addition

3.2 ☐ Change ☐ Addition

3.3 ☐ Change ☐ Addition

3.4 ☐ Change ☐ Addition

4.1 ☐ Change ☐ Addition

4.2 ☐ Change ☒ Addition

4.3 ☐ Change ☐ Addition

4.4 ☐ Change ☐ Addition

5.1 ☐ Change ☐ Addition

5.2 ☐ Change ☐ Addition

5.3 ☐ Change ☐ Addition

5.4 ☐ Change ☐ Addition

6.1 ☐ Change ☐ Addition

6.2 ☐ Change ☐ Addition

6.3 ☐ Change ☐ Addition

6.4 ☐ Change ☐ Addition

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 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.

SIGNATURE:

Thomas B. Kramer 4/6/97 513-3524782

CR2E034 (9/96)