

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000002696 (1)**

1. Corporation Name

**CITIZENS TELECOMMUNICATIONS COMPANY**



Principal Place of Business

Mailing Address

**32 LOOCKERMAN, #100  
DOVER DE 19901**

**32 LOOCKERMAN, #100  
DOVER DE 19901**

3. Date Incorporated or Qualified

3a. Date of Last Report

**06/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 **High Ridge Park**  
Suite, Apt. #, etc.

26 **High Ridge Park**  
Suite, Apt. #, etc.

22 **P.O. Box 3801**  
City & State

27 **P.O. Box 3801**  
City & State

23 **Stamford, CT**  
Zip Country

28 **Stamford, CT**  
Zip Country

24 **06905** 25 **USA**

29 **06905** 30 **USA**

4. FEI Number

Applied For  
Not Applicable

**06-0879938**

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

**THE PRENTICE-HALL CORPORATION SYSTEMS, INC  
1201 HAYS ST., #105  
TALLAHASSEE FL 32301**

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 (if different from agent)

Date of Signature of Agent (typed or printed name of agent)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME **PD EGDORF, RODNEY**  
STREET ADDRESS **3 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE  DELETE  
NAME **V LAZAREK, DANIEL**  
STREET ADDRESS **3 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE  DELETE  
NAME **S WEISS, CHARLES J**  
STREET ADDRESS **3 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  DELETE  
NAME **T DESANTIS, ROBERT J**  
STREET ADDRESS **3 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE  
NAME **D TOW, LEONARD**  
STREET ADDRESS **3 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE  
NAME **D FERGUSON, DARYL**  
STREET ADDRESS **3 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Edward O. Kipperman* **Edward O. Kipperman** 1/25/96 (203) 329-8800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of the Month

CR2E034 (12/95)