

**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 # **F95000003133 (4)**  
1. Corporation Name

**QWEST TRANSMISSION INC.**



Principal Place of Business: **555 17TH STREET DENVER CO 80202**  
Mailing Address: **555 17TH STREET DENVER CO 80202**

2. Principal Place of Business  
21 **555 17TH STREET**  
Suite, Apt. #, etc.  
22 **SUITE 1000**  
City & State  
23 **DENVER, COLORADO**  
Zip Country  
24 **80202** 25

2a. Mailing Address  
26 **555 17TH STREET**  
Suite, Apt. #, etc.  
27 **SUITE 1000**  
City & State  
28 **DENVER, COLORADO**  
Zip Country  
29 **80202** 30

3. Date Incorporated or Qualified: **06/28/1995**  
3a. Date of Last Report  
4. FEI Number: **52-1756498** Applied for 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  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	HANSON, D H	
STREET ADDRESS	555 17TH STREET	
CITY - ST - ZIP	DENVER CO	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GEDDIS, P R	
STREET ADDRESS	555 17TH STREET	
CITY - ST - ZIP	DENVER CO	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	PORTAS, S E	
STREET ADDRESS	555 17TH STREET	
CITY - ST - ZIP	DENVER CO	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	WOODRUFF, R S	
STREET ADDRESS	555 17TH STREET	
CITY - ST - ZIP	DENVER CO	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WHITELAW III, A K	
STREET ADDRESS	555 17TH STREET	
CITY - ST - ZIP	DENVER CO	
TITLE	GC	<input checked="" type="checkbox"/> DELETE
NAME	BIANCHINO, B A	
STREET ADDRESS	555 17TH STREET	
CITY - ST - ZIP	DENVER CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANSON, D H	
1.3 STREET ADDRESS	555 17TH STREET, SUITE 1000	
1.4 CITY - ST - ZIP	DENVER, CO 80202	
2.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEDDIS, P R	
2.3 STREET ADDRESS	555 17TH STREET, SUITE 1000	
2.4 CITY - ST - ZIP	DENVER, CO 80202	
3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FORMAN, B D	
3.3 STREET ADDRESS	555 17TH STREET, SUITE 1000	
3.4 CITY - ST - ZIP	DENVER, CO 80202	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WOODRUFF, R S	
4.3 STREET ADDRESS	555 17TH STREET, SUITE 1000	
4.4 CITY - ST - ZIP	DENVER, CO 80202	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	WHITELAW III, A K	
5.3 STREET ADDRESS	555 17TH STREET, SUITE 1000	
5.4 CITY - ST - ZIP	DENVER, CO 80202	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or in an attachment with an address.

SIGNATURE: *Robert A. Leodis* 6/18/96 (303) 291-1400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)