

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

Mailing Address

555 17TH STREET
DENVER CO 80202

555 17TH STREET
DENVER CO 80202

2. Principal Place of Business

2a. Mailing Address

21 555 17TH STREET

26 555 17TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 1000

27 SUITE 1000

City & State

City & State

23 DENVER, COLORADO

28 DENVER, COLORADO

Zip

Country

Zip

Country

24 80202

25

29 80202

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

11 TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	HANSON, D H	
13 STREET ADDRESS	555 17TH STREET, SUITE 1000	
14 CITY-ST-ZIP	DENVER, CO 80202	
21 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	GEDDIS, P R	
23 STREET ADDRESS	555 17TH STREET, SUITE 1000	
24 CITY-ST-ZIP	DENVER, CO 80202	
31 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	FORMAN, B D	
33 STREET ADDRESS	555 17TH STREET, SUITE 1000	
34 CITY-ST-ZIP	DENVER, CO 80202	
41 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	WOODRUFF, R S	
43 STREET ADDRESS	555 17TH STREET, SUITE 1000	
44 CITY-ST-ZIP	DENVER, CO 80202	
51 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	WHITELAW III, A K	
53 STREET ADDRESS	555 17TH STREET, SUITE 1000	
54 CITY-ST-ZIP	DENVER, CO 80202	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/18/96

(303) 291-1400

CR2E034 (3/96)