

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000003133 (4)

1. Corporation Name
QWEST TRANSMISSION INC.

Principal Place of Business

555 17TH ST
SUITE 1000
DENVER CO 80202
US

Mailing Address

555 17TH ST
SUITE 1000
DENVER CO 80202-3910
US

3. Date Incorporated or Qualified
06/28/1995

3a. Date of Last Report
06/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 52-1756498	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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 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	DC	1.1 TITLE	D/CEO
NAME	HANSON, D H	1.2 NAME	Joseph P. Nocchio
STREET ADDRESS	555 17TH ST SUITE 1000	1.3 STREET ADDRESS	555 17th St Suite 1000
CITY-ST-ZIP	DENVER CO	1.4 CITY-ST-ZIP	DENVER CO 80202
TITLE	DP	2.1 TITLE	S
NAME	GEDDIS, P R	2.2 NAME	Joseph T. Garrity
STREET ADDRESS	555 17TH ST SUITE 1000	2.3 STREET ADDRESS	555 17th St Ste 1000
CITY-ST-ZIP	DENVER CO	2.4 CITY-ST-ZIP	DENVER CO 80202
TITLE	V	3.1 TITLE	
NAME	FORMAN, B D	3.2 NAME	
STREET ADDRESS	555 17TH ST SUITE 1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	V/P
NAME	WOODRUFF, R S	4.2 NAME	
STREET ADDRESS	555 17TH ST SUITE 1000	4.3 STREET ADDRESS	
CITY-ST-ZIP	DENVER CO	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	ASST Sec
NAME	WHITELAW III, A K	5.2 NAME	Linnear M Simons
STREET ADDRESS	555 17TH ST SUITE 1000	5.3 STREET ADDRESS	555 17th St Ste 1000
CITY-ST-ZIP	DENVER CO	5.4 CITY-ST-ZIP	DENVER CO 80202
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0498616

CR2E034 (9/96)