

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000003247 (2)

1. Corporation Name

LCI TELEMAGEMENT CORP.



Principal Place of Business

4650 LAKEHURST CT.
DUBLIN OH 43017

Mailing Address

4650 LAKEHURST CT.
DUBLIN OH 43017

3. Date Incorporated or Qualified

07/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

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 of Registered Agent or Director (if applicable)

(If Not: Registered Agent's signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCEO
NAME THOMPSON, H B
STREET ADDRESS 4650 LAKEHURST CT.
CITY, ST, ZIP DUBLIN OH 43017

TITLE PDCO
NAME WAYNE, THOMAS J
STREET ADDRESS 4650 LAKEHURST CT.
CITY, ST, ZIP DUBLIN OH 43017

TITLE VCO
NAME LAWRENCE, JOSEPH A
STREET ADDRESS 4650 LAKEHURST CT.
CITY, ST, ZIP DUBLIN OH 43017

TITLE V
NAME HANNO, MARSHALL W
STREET ADDRESS 4650 LAKEHURST CT.
CITY, ST, ZIP DUBLIN OH 43017

TITLE VT
NAME DILLON, JOHN J
STREET ADDRESS 4650 LAKEHURST CT.
CITY, ST, ZIP DUBLIN OH 43017

TITLE V
NAME TAYLOR, JOHN C
STREET ADDRESS 4650 LAKEHURST CT.
CITY, ST, ZIP DUBLIN OH 43017

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96
Date

614 799 7125
Daytime Phone #

CR2E034 (12/95)