

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 43016-3254



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/06/1995	02/27/1996
22 City & State		27 City & State		4. FEI Number	Applied For
23 Zip		28 Zip		31-1437904	Not Applicable
24 Country		29 Country		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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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	DCEO	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, H B	12 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	13 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	14 CITY-ST-ZIP	
TITLE	PDCO	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, THOMAS J	22 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	23 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	24 CITY-ST-ZIP	
TITLE	VCO	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, JOSEPH A	32 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	33 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNO, MARSHALL W	42 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	43 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, JOHN J	52 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	53 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JOHN C	62 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	63 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH 43017	64 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 on an attachment with an address.

SIGNATURE:

SIGNATURE

4/28/97 (014)798-12109

CR2E034 (9/96)