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Secretary of State

05-10-1999 90185 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000002438

1. Corporation Name
ILD COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
13000 SAWGRASS VILLAGE CIRCLE. #5 PONTE VEDRA BEACH FL 32082	13000 SAWGRASS VILLAGE CIRCLE. #5 PONTE VEDRA BEACH FL 32082

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 05/14/1996

4. FEI Number: 59-3375165 — ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible* Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 16200 Addison Rd (Suite, Apt. #, etc.)	26 16200 Addison Rd (Suite, Apt. #, etc.)
22 100 (City & State)	27 100 (City & State)
23 Addison, Texas (Zip / Country)	28 Addison, Texas (Zip / Country)
24 75001 25 US	29 75001 30 US

9. Name and Address of Current Registered Agent

LLOYD, FREDERICK W
13000 SAWGRASS VILLAGE CIRCLE #5
PONTE VEDRA BEACH FL 32082

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC LEWIS, MICHAEL F 13000 SAWGRASS VILLAGE CIRCLE, #5 PONTE VEDRA BEACH FL 32082	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Pres/Director Dennis J. Stoutenburgh 16200 Addison Rd., Ste 100 Addison, Texas 75001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LLOYD, FREDERICK W 13000 SAWGRASS VILLAGE CIRCLE, #5 PONTE VEDRA BEACH FL 32082	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP/CFO David Darnell 16200 Addison Rd., Ste 100 Addison, Texas 75001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SDC MORTON, C R JR 1360 PEACHTREE ST., #1900 ATLANTA GA 30309	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	Asst. Sec. George M. Trevino 16200 Addison Rd. Ste 100 Addison, Texas 75001	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HALL, GREGORY E 2155 CHENAULT, 410 CARROLLTON TX	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	16200 Addison Rd., Ste 100 Addison, Texas 75001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GALLAGHER, BOB 2155 CHENAULT STE 410 CARROLLTON TX	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	16200 Addison Rd., Ste 100 Addison, Texas 75001	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOUTENBURGH, DENNIS J 2155 CHENAULT STE 410 CARROLLTON TX	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: George M. Trevino George M. Trevino 4/29/99 972-267-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #