

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90017 045 ***550.00

DOCUMENT # F96000002581

1. Corporation Name
360 LONG DISTANCE, INC.

Principal Place of Business
8725 HIGGINS ROAD
CHICAGO IL 60631-2702

Mailing Address
8725 HIGGINS ROAD
CHICAGO IL 60631-2702

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1996

4. FEI Number
42-1255968

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 One Allied Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 One Allied Drive
Suite, Apt. #, etc.

City & State

23 Little Rock, AR

City & State

28 Little Rock, AR

Zip

24 72202

Country

25 USA

Zip

29 72202

Country

30 USA

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
CEOP	FOSTER, DENNIS E	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input type="checkbox"/>
VPT	CHEHAYL, PETER W	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
CFOV	SMALL, MICHAEL J	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
VP	WERNER, GREGG S	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
V	BURGE, GARY L	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>
VGCS	GALLAGHER, KEVIN C	8725 HIGGINS ROAD	CHICAGO IL 60631-2702	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Dennis Foster	1 Allied Drive	Little Rock, AR 72202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice President	Kevin Beebe	One Allied Drive	Little Rock, AR 72202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Senior Vice President-Finance	Jeffery Gardner	One Allied Drive	Little Rock AR 72202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Francis Frantz	One Allied Drive	Little Rock, AR 72202	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)