

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

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90152 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003006

1. Corporation Name
ELECTRIC LIGHTWAVE, INC.

Principal Place of Business 4400 NE 77TH AVE VANCOUVER WA 98662 US	Mailing Address 4400 NE 77TH AVE VANCOUVER WA 98662 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4400 NE 77th Avenue Suite, Apt. #, etc. 22 City & State 23 Vancouver, WA Zip 24 98682 Country 25 USA	2a. Mailing Address 26 4400 NE 77th Avenue Suite, Apt. #, etc. 27 City & State 28 Vancouver, WA Zip 29 98682 Country 30 USA
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3. Date Incorporated or Qualified 06/14/1996	4. FEI Number 93-1035711	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

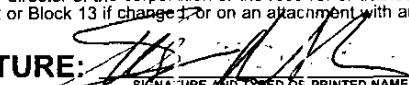
9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
TALLAHASSEE FL 32301-2525**

81 Name	10. Name and Address of New Registered Agent
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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. (NO FE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SHARKEY, DAVID	
STREET ADDRESS	4400 NE 77TH AVE	
CITY-ST-ZIP	VANCOUVER WA 98662	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERTHOT, JAMES	
STREET ADDRESS	4400 NE 77TH AVE	
CITY-ST-ZIP	VANCOUVER WA 98662	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	DESANTIS, ROBERT J	
STREET ADDRESS	3 HIGH RIDGE PK	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	HARWOOD, D J	
STREET ADDRESS	4400 NE 77TH AVE	
CITY-ST-ZIP	VANCOUVER WA 98662	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HANSON, T	
STREET ADDRESS	4400 NE 77TH AVE	
CITY-ST-ZIP	VANCOUVER WA 98662	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIS, RANDALL	
STREET ADDRESS	4400 NE 77TH AVE	
CITY-ST-ZIP	VANCOUVER WA 98662	
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Charles J. Weiss	
4.3 STREET ADDRESS	3 High Ridge Pk	
4.4 CITY-ST-ZIP	Stamford, CT 06905	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 change is on an attachment with an address, with all other like empowered

SIGNATURE:  **Susan McAdams, Vice President** 4/19/99 (360) 816-3236

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)