

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

FILED
Mar 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000003523 (5)**

1. Corporation Name

AMERICAN COMMUNICATIONS SERVICES, INC.

Principal Place of Business

**131 NATIONAL BUSINESS PKWY
SUITE 100
ANNAPOLIS JUNCTION MD 20701**

Mailing Address

**131 NATIONAL BUSINESS PKWY
SUITE 100
ANNAPOLIS JUNCTION MD 20701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/11/1996

4. FEI Number
52-1947746

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent

**SELF, FLOYD R
215 S MONROE STREET
TALLAHASSEE FL 32302-1876**

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REICH, JACK E	1.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PKWY, STE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROUVEROY, OLIVER L	2.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PKWY, STE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, RILEY M	3.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PKWY, STE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	3.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIAZZA, DAVID L	4.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PKWY, STE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMPLIANO, ANTHONY J	5.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PKWY, STE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANKS, EDWIN M	6.2 NAME	
STREET ADDRESS	131 NATIONAL BUSINESS PKWY, STE 100	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANNAPOLIS JUNCTION MD 20701	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 changed, or on an attachment with an address.

SIGNATURE:

Riley M. Murphy, Secretary 2/23/98

301/361-1200

CR2E034 (1097)