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FILED  
May 08 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 # F96000003896 (5)

1. Corporation Name

TCI TELEPHONY SERVICES, INC.

Principal Place of Business

5619 DTC PARKWAY  
ENGLEWOOD CO 80111

Mailing Address

5619 DTC PARKWAY  
ENGLEWOOD CO 80111-3017



3. Date Incorporated or Qualified

07/31/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

84-1286920

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

61 Name

62 Street Address (P.O. Box Number is Not Acceptable)

63

64 City

FL

65 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	CD	<input type="checkbox"/> DELETE
NAME	CLOUSTON, BRENDAN R	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GAINES, GERALD W	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRACKEN, GARY K	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BRETT, STEPHEN M	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SCHOTTERS II, BERNARD W	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CROSBY, GREGORY C	
STREET ADDRESS	5619 DTC PARKWAY	
CITY - ST - ZIP	ENGLEWOOD CO	

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	BLAYLOCK, GARY	
1.3 STREET ADDRESS	5619 DTC PARKWAY	
1.4 CITY - ST - ZIP	ENGLEWOOD, CO 80111	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY BLAYLOCK

4/28/97

303-267-5500

0495549

CR2E034 (9/96)