


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

FILED  
Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000945 (2)**

1. Corporation Name

**GTT COMMUNICATIONS, INC.**



Principal Place of Business <b>5524 BEE CAVE ROAD. BLDG L-2 AUSTIN TX 78746</b>	Mailing Address <b>5524 BEE CAVE ROAD. BLDG L-2 AUSTIN TX 78746</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>02/21/1997</b>	
		4. FEI Number <b>74-2538227</b>		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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**GOODNOUGH, ROBERT B  
473 LAKESIDE BLVD  
BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number Is Not Acceptable)
<b>83</b>
<b>84</b> City <b>FL</b> <b>85</b> 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 relistening)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POPE, JOHN O</b>	1.2 NAME	
STREET ADDRESS	<b>5524 BEE CAVE RD., BLDG L-2</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUSTIN TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BONNER JR, MILLER H</b>	2.2 NAME	
STREET ADDRESS	<b>5524 BEE CAVE RD., BLDG L-2</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUSTIN TX</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOOD, DEBORAH R</b>	3.2 NAME	
STREET ADDRESS	<b>5524 BEE CAVE RD., BLDG L-2</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUSTIN TX</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOTESBERY, WILLIAM D</b>	4.2 NAME	
STREET ADDRESS	<b>5524 BEE CAVE RD., BLDG L-2</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>AUSTIN TX</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, MARK E</b>	5.2 NAME	
STREET ADDRESS	<b>1351 G STREET, NW., STE 620</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRICE, ROBERT L</b>	6.2 NAME	
STREET ADDRESS	<b>12700 PRESTON RD., STE 290</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	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:

*[Signature]*

2-20-98 572 347-1026

CR2E034 (10/97)