


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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90136 041 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F97000004458</b>					
1. Corporation Name <b>AMERICAN TELECONFERENCING SERVICES, LTD., CO.</b>					
Principal Place of Business <b>10955 LOWELL AVENUE, SUITE 600 500 OVERLAND PARK KS 66210 US</b>			Mailing Address <b>10955 LOWELL AVENUE, SUITE 600 500 OVERLAND PARK KS 66210 US</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 <b>3399 Peachtree Rd NE</b>		08/25/1997	
22 City & State		27 <b>Suite 600 -</b>		4. FEI Number <b>74-2338634</b>	
23 Zip		28 <b>Atlanta GA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 <b>30326</b>		30 <b>USA</b>	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			<b>FL</b>		
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					
11 TITLE <input type="checkbox"/> DELETE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE <input checked="" type="checkbox"/> DELETE					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE <input type="checkbox"/> DELETE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE <input checked="" type="checkbox"/> DELETE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE <input checked="" type="checkbox"/> DELETE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE <input type="checkbox"/> DELETE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)