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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000866

1. Corporation Name

WESTERN TELE-COMMUNICATIONS, INC./RETAIL SALES GROUP



Principal Place of Business

**5619 DTC PARKWAY
ENGLEWOOD CO 80111**

Mailing Address

**5619 DTC PARKWAY
ENGLEWOOD CO 80111**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

25

Country

2a. Mailing Address

26

P O BOX 5630

27

Suite, Apt. #, etc.

28

City & State

29

DENVER, CO

30

80217-5630 USA

4. FEI Number

84-1337128

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

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

TITLE **P** ☐ DELETE
NAME **ROMRELL, LARRY E**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **VT** ☐ DELETE
NAME **SCHOTTERS II, BERNARD W**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **D** ☐ DELETE
NAME **MALONE, JOHN C**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **V** ☐ DELETE
NAME **LEMMING, ROBERT J**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **V** ☒ DELETE
NAME **THOMAS, C C**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO**

TITLE **VS** ☒ DELETE
NAME **BRETT, STEPHEN M**
STREET ADDRESS **5619 DTC PARKWAY**
CITY-ST-ZIP **ENGLEWOOD CO**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

P/D

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

AV
GOOKIN, NOLAN D.
5619 DTC PARKWAY
ENGLEWOOD, CO 80111

☐ Change ☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

AS
MARY M. MCCHESENEY
5619 DTC PARKWAY
ENGLEWOOD, CO 80111

☐ Change ☒ Addition

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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nolan D. Gookin
Assistant President

Date

Daytime Phone #

CR2E034 (1/98)