

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

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G85016** (5)

1. Corporation Name

TELEPHONE SERVICES, INC., OF FLORIDA

Principal Place of Business

6312 78TH STREET
RIVERVIEW FL 33569
US

Mailing Address

P.O. BOX 1484
BRANDON FL 33509-1484
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/16/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2475150	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SALING, GARY 9100 BEARCAT ROAD NEW PORT RICHEY FL 34655		81 Name CI Corporation System	
		82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
		83 Plantation, Florida	
		84 City FL	
		85 Zip Code 33324	

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  **John J. Linnihan-Assst. Vice President** 4/23/98
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	MURRAY, RAYMOND E.	1.2 NAME	Jordan, John W. II
STREET ADDRESS	#5 BRAESIDE PLACE	1.3 STREET ADDRESS	1751 Lake Cook Rd., Suite 550
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	Deerfield, IL 60015
TITLE	VD	2.1 TITLE	C/S/D
NAME	SUTTON, ONEAL	2.2 NAME	Quinn, Thomas H.
STREET ADDRESS	3550 LOCKINVAR AVE.	2.3 STREET ADDRESS	20 S. Mayflower Rd.
CITY-ST-ZIP	SANTA CLARA CA	2.4 CITY-ST-ZIP	Lake Forest, IL 60045
TITLE	VD	3.1 TITLE	Elia, Michael R.
NAME	SALING, GARY	3.2 NAME	1888 W. Farm Road
STREET ADDRESS	9100 BEARCAT ROAD	3.3 STREET ADDRESS	Lake Forest, IL 60045
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	Lake Forest, IL 60045
TITLE	VD	4.1 TITLE	V/AS
NAME	MELECH, PAUL	4.2 NAME	Spielberger, Thomas C.
STREET ADDRESS	6605 78TH ST.	4.3 STREET ADDRESS	910 Spruce Street
CITY-ST-ZIP	RIVERVIEW FL	4.4 CITY-ST-ZIP	Winnetka, IL 60093
TITLE	VD	5.1 TITLE	V/AS
NAME	MURRAY, RAYMOND M	5.2 NAME	Nelson, Gordon L.
STREET ADDRESS	6605 78TH ST.	5.3 STREET ADDRESS	357 Sunset Road
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	Winnetka, IL 60093
TITLE		6.1 TITLE	AS
NAME		6.2 NAME	Fisher, G. Robert
STREET ADDRESS		6.3 STREET ADDRESS	1030 W. 59th Terrace
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Kansas City, MO 64113

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 in an attachment with an address.

SIGNATURE:  **Robert Fisher** Assistant Secretary 4/22/98 816-374-3200

CP2E034 (1097)

TELEPHONE SERVICES, INC. OF FLORIDA

**Supplemental List of
Officers and Directors**

13.

7.1	TITLE	AS	X Addition
7.2	NAME	Carlson, James B.	
7.3	STREET ADDRESS	1675 Broadway, Suite 1600	
7.4	CITY-ST-ZIP	New York, New York 10019	