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

PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
May 04, 1999 8:00 am
Secretary of State
05-04-1999 90186 038 ***150.00

DOCUMENT # **G93761**

1. Corporation Name
UNITED TELEPHONE COMMUNICATIONS SYSTEMS, INCORPORATED

Principal Place of Business	Mailing Address
555 LAKE BORDER DRIVE APOPKA FL 32703 US	903 E 104TH STREET MS:MOKCMW0609 KANSAS CITY MO 64131 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed
03/29/1984

2. Principal Place of Business
21 | 2330 Shawnee Mission Pkwy
Suite, Apt. #, etc.
22
City & State
23 | Westwood, KS
Zip 24 | 66205 Country 25 | US

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country 30

4. FEI Number
59-2409361
Applied For
Not Applicable

5. Certifcate 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	10. Name and Address of New Registered Agent
JOHNS, JERRY M. 555 LAKE BORDER DR. APOPKA FL	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DP** ☐ DELETE NAME **KELLEY, J D** STREET ADDRESS **555 LAKE BORDER DR.** CITY-ST-ZIP **APOPKA FL 32703**		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **DS** ☐ DELETE NAME **JOHNS, J M** STREET ADDRESS **555 LAKE BORDER DR.** CITY-ST-ZIP **APOPKA FL 32703**		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE AVP 3.2 NAME Mark V. Beshears 3.3 STREET ADDRESS 903 E. 104ᵗʰ Street 3.4 CITY-ST-ZIP Kansas City, MO 64131	☐ Change ☒ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _Mark Beshears_ Mark Beshears 4/28/99 (816) 854-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (11/98)