

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

FILED  
Apr 13 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 # **900917**  
1. Corporation Name  
**AT&T Southeast Inc.**

Principal Place of Business <b>Room 5287 412 Mt Kemble Ave Morristown, NJ 07960</b>	Mailing Address <b>Room 5287 412 Mt Kemble Ave Morristown, NJ 07960</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>2/14/1984</b>	
21	Suite Apt. #, etc.	26	Suite Apt. #, etc.	4. FEI Number <b>13-3182731</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81	Name <b>CT CORPORATION SYSTEM</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>1200 SOUTH PINE ISLAND ROAD</b>
83	
84	City <b>PLANTATION</b>
85	Zip Code <b>FL 33324</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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	<b>See ATTACHED LIST</b>
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 included 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, changed, or on an attachment with an address.

SIGNATURE: **Antoinette Mortham** **3/27/98** **973-644-1004**

CR2E034 (10/97)

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**AT&T SOUTHEAST, INC.**

Election Date 5/1/97 FEIN 13-3182731

**ELECTED CORPORATION OFFICERS AND DIRECTORS**

**TITLE / NAME**

**BUSINESS ADDRESS**

<b>OFFICERS</b>	
<b>President/CEO</b> Ephraim M. Brecher	412 Mt. Kemble Avenue, PO Box 1995 Room S267 Morristown, NJ 07962-1995
<b>Executive Vice-president</b> Jim G. Kilpatric	295 North Maple Avenue Room #3263D2 Basking Ridge, NJ 07920-1002
<b>Executive Vice-president</b> John D. Zeglis	295 North Maple Avenue Room #4342L1 Basking Ridge, NJ 07920-1002
<b>Vice-President/Secretary</b> Robert S. Feit	131 Morristown Rd. Bldg.A Rm.A2035 Basking Ridge, NJ 07920-1002
<b>Vice-President</b> H. John Hokenson	131 Morristown Road Room A2024 Basking Ridge, NJ 07920
<b>Treasurer</b> Edward M. Dwyer	295 N. Maple Ave Basking Ridge, NJ 07920
<b>Assistant Secretary - Tax</b> Antoinette A. Duah	412 Mt. Kemble Avenue Room S287 Morristown, NJ 07960
<b>Assistant Secretary - Tax</b> Bridgette Link	412 Mt. Kemble Ave. C252 Morristown, NJ 07960
<b>Assistant Secretary - Tax</b> Jeff Tutnauer	412 Mt. Kemble Avenue Room C250 Morristown, NJ 07960
<b>Assistant Secretary - Tax</b> Gary Wiggins	412 Mt. Kemble Ave. Room S209 Morristown, NJ 07960