SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P03053** **(6)**

1. Corporation Name

U S WEST COMMUNICATIONS SERVICES, INC.

Principal Place of Business	Mailing Address
1801 CLAIFONIA STREET **ATTEN: TERRY K STEPHENS** **DEVER CO 80202** **US**	**7800 EAST ORCHARD ROAD, SUITE 480** **ATTEN: TERRY K STEPHENS** **ENGLEWOOD CO 80111**

3. Date Incorporated or Qualified: **08/15/1984**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **84-0937746** ☐ 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 has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
8751 WEST BROWARD BOULEVARD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name is changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	COBB, WILLIAM R.		1.2 NAME	Kelley, John A., Jr.	
STREET ADDRESS	150 SOUTH 5TH STREET, SUITE 3300		1.3 STREET ADDRESS	1801 California St., Suite 4540	
CITY-ST-ZIP	MINNEAPOLIS MN		1.4 CITY-ST-ZIP	Denver, CO 80202	
TITLE	S	☐ DELETE	2.1 TITLE	DT	☒ Change ☐ Addition
NAME	JAPHA, BARBARA M.		2.2 NAME		
STREET ADDRESS	7800 EAST ORCHARD RD., STE. 480		2.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CO		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE	S	☒ Change ☐ Addition
NAME	LAUBE, DAVID, R		3.2 NAME	Roellig, Mark D.	
STREET ADDRESS	1801 CALIFORNIA ST #5200		3.3 STREET ADDRESS	7800 Orchard Road, Suite 200	
CITY-ST-ZIP	DENVER CO		3.4 CITY-ST-ZIP	Englewood, CO 80111	
TITLE	DVP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HAPKA, CATHERINE M.		4.2 NAME		
STREET ADDRESS	150 S. 5TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MINNEAPOLIS MN		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HELWIG, JAMES T.		5.2 NAME	000001902120	
STREET ADDRESS	1801 CALIFORNIA STREET, STE. 5200		5.3 STREET ADDRESS	-07/23/96--01104--019	
CITY-ST-ZIP	DENVER CO		5.4 CITY-ST-ZIP	***225.00	
TITLE	AS	☐ DELETE	6.1 TITLE	AS	☒ Change ☐ Addition
NAME	STEPHENS, TERRY K.		6.2 NAME	Hijar, Glenda M.	
STREET ADDRESS	7800 E ORCHARD RD #480		6.3 STREET ADDRESS	7800 E. Orchard Road, Suite 480	
CITY-ST-ZIP	ENGLEWOOD CO		6.4 CITY-ST-ZIP	Englewood, CO 80111	

7/23 gk

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenda M. Hijar Glenda M. Hijar 7/11/96 (303) 792-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)