

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11797 (8)**
1. Corporation Name
SOUTHWESTERN BELL TELECOMMUNICATIONS, INC.

Principal Place of Business 1651 N. COLLINS RICHARDSON TX 75080 US	Mailing Address 1651 N. COLLINS RICHARDSON TX 75080-3630 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/14/1986	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 43-1304966		Applied For 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	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEGER, DICK G	1.2 NAME	Richard E. Moore
STREET ADDRESS	4916 BELLEVUE DR	1.3 STREET ADDRESS	OBC, 11-Y-2
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	St. Louis, MO 63101
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOEGER, DICK	2.2 NAME	Daniel T. Foley
STREET ADDRESS	4916 BELLEVUE DR	2.3 STREET ADDRESS	1651 N. Collins Blvd
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	Richardson, TX 75080
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITE, KELLY R	3.2 NAME	
STREET ADDRESS	7205 GERRARDS CROSS	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	3.4 CITY-ST-ZIP	
TITLE	CFO <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAITE, KELLY R	4.2 NAME	
STREET ADDRESS	7205 GERRARDS CROSS	4.3 STREET ADDRESS	
CITY-ST-ZIP	PLANO TX	4.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, CHARLES E.	5.2 NAME	John J. Stephens
STREET ADDRESS	8555 LAURENS LANE	5.3 STREET ADDRESS	175 E. Houston St., Rm 8-H-60
CITY-ST-ZIP	SAN ANTONIO TX	5.4 CITY-ST-ZIP	San Antonio, TX 78205
TITLE	SVF <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KIERNAN, DONALD E.	6.2 NAME	William H. Jones
STREET ADDRESS	23 VILLA VERDE	6.3 STREET ADDRESS	1651 N. Collins Blvd
CITY-ST-ZIP	SAN ANTONIO TX	6.4 CITY-ST-ZIP	Richardson, TX 75080

14. I do 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.

SIGNATURE:  **Richard E. Moore**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 314-235-4703
Date Daytime Phone #

0454236

CR2E034 (9/96)