SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL -7 AM 9:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P12750** **(6)**

1. Corporation Name
CYLIX COMMUNICATIONS CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
800 RIDGE LAKE BLVD. MEMPHIS TN 38120	800 RIDGE LAKE BLVD. MEMPHIS TN 38120

3. Date Incorporated or Qualified: 01/02/1987
3a. Date of Last Report: 10/07/1994

	2. Principal Place of Business	2a. Mailing Address
	21 200 Kiewit Plaza	26 200 Kiewit Plaza
Suite, Apt. #, etc.	22	27
City & State	23 Omaha, NE 68131	28 Omaha, NE
Zip / Country	24 68131 / 25	29 68131 / 30

4. FEI Number: 62-1296203 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	C/D	☒ Change ☐ Addition
NAME	PROFIT, ALAIN	1.2 NAME	FENNAL	
STREET ADDRESS	124 RUE REAUMUR	1.3 STREET ADDRESS	200 Kiewit Plaza	
CITY-ST-ZIP	PARIS, FRANCE	1.4 CITY-ST-ZIP	Omaha, NE 68131	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	MIALET, LAURENT	2.2 NAME	HALCOMB, KEN	
STREET ADDRESS	124 RUE REAUMUR	2.3 STREET ADDRESS	200 Kiewit Plaza	
CITY-ST-ZIP	PARIS, FRANCE	2.4 CITY-ST-ZIP	Omaha, NE 68131	
TITLE	D	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	GIRARD, THIERRY	3.2 NAME	JOHNSON, JAMES	
STREET ADDRESS	124 RUE REAUMUR	3.3 STREET ADDRESS	200 KIEWIT PLAZA	
CITY-ST-ZIP	PARIS, FRANCE	3.4 CITY-ST-ZIP	OMAHA, NE 68131	
TITLE	D	4.1 TITLE	VP/S/D	☒ Change ☐ Addition
NAME	STECKEL, MARIE-MONIQUE	4.2 NAME	Ferguson, Terrence J	
STREET ADDRESS	1280 AVE. OF THE AMERICAS, 28TH FLOOR	4.3 STREET ADDRESS	200 Kiewit Plaza	
CITY-ST-ZIP	NEW YORK NY 10020	4.4 CITY-ST-ZIP	Omaha, NE 68131	
TITLE	D	5.1 TITLE	VP	☒ Change ☐ Addition
NAME	EAGLE, BRYAN	5.2 NAME	KEITH, DEBRA	
STREET ADDRESS	5885 RIDGEWAY CENTER PARKWAY, #106	5.3 STREET ADDRESS	200 Kiewit Plaza	
CITY-ST-ZIP	MEMPHIS TN 38120	5.4 CITY-ST-ZIP	Omaha, NE 68131	
TITLE	P	6.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, CHARLES	6.2 NAME		
STREET ADDRESS	800 RIDGE LAKE BLVD.	6.3 STREET ADDRESS		
CITY-ST-ZIP	MEMPHIS TN 38120	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Debra L. Keith 6/26/95 402-977-6315
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Debra Keith

0101144 FN