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

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CICNATUDE:

Mar 24 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P12750 (6)CYLIX COMMUNICATIONS CORPORATION Principal Place of Business Mailing Address 11808 MIRACLE HILLS DR 11808 MIRACLE HILLS DR **OMAHA NE 68154** OMAHA NE 68154 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/02/1987 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 515 East Amite Street 62-1296203 515 East Amite Block Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be MS **dachson** unchson Trust Fund Contribution 23 28 Added to Fees Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 39201-2402 39201-2702 29 Personal Property Tax due June 30. ☐ Yes 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CT CORPORATION SYSTEM 81 Name 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 **B4** 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) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change \_\_\_ Addition TITLE **Hesident** CUSTAR, GLENN J NAME 1.2 NAME Bernand J. Ebbers 11808 MIRACLE HILLS DR BIS Each Amilter St. STREET ADDRESS 1.3 STREET ADDRESS **OMAHA NE 68154** uncheon Me 39201-2702 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE **Change** Addition TITLE 2.1 TITLE VP1 Controller GERSHIEN, MARK L David F. Myers 515 East Amile St. NAME 2.2 NAME 11808 MIRACLE HILLS DR STREET ADDRESS 2.3 STREET ADDRESS **OMAHA NE 68154** darkson MS CITY-ST-ZIP 2.4 CITY-ST-ZIP 39201-2:102 Change DELETE Secretary Scott D. Bullivan Addition TITLE 3.1 TITLE KEITH, DEBRA L NAME 3.2 NAME 11808 MIRACLE HILLS DR 515 East Amite St. STREET ADDRESS 3.3 STREET ADDRESS OMAHA NE 68154 CITY-ST-ZIP 3.4. CITY-ST-ZIP udickison MS 39201-7702 DELETE **Change** TITLE 4.1 TITLE Addition Treasurer Scott D. Bullyan LUDVIK, ROBERT J NAME 4. 2 NAME 11808 MIRACLE HILLS DR 515 East Amite St. Laryson MS 39201-2702 4.3 STREET ADDRESS STREET ADDRESS OMAHA NE 68154 CITY-ST-ZIP 4.4 CITY - ST - ZIP **DELETÉ** Change Addition TITLE 5.1 TITLE Director Bernard J. Ebbers SIDGMORE, JOHN W NAME 5.2 NAME 11808 MIRACLE HILLS DR 618 East Amite St. STREET ADDRESS 5.3 STREET ADDRESS **OMAHA NE 68154** MS 39201-2702 CITY-ST-ZIP 5.4 CITY-ST-ZIP DCEO DELETE Change TITLE 6.1 TITLE Addition Director Crarles T. Cannada BEAUMONT, RONALD R NAME 6.2 NAME 11808 MIRALCLE HILLS DR 515 East Amite St. STREET ADDRESS 6.3 STREET ADDRESS 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.

A110/98

(wi) 360-8600

**FILED**