

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90095 034 ***150.00

DOCUMENT # P12750

1. Corporation Name

CYLIX COMMUNICATIONS CORPORATION

Principal Place of Business

515 EAST AMITE STREET
JACKSON MS 39201-2702
US

Mailing Address

~~515 EAST AMITE STREET~~
~~JACKSON MS 39201-2702~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

1133 19th Street, N.W. Wash. D.C. 20036

21 Suite, Apt. #, etc.

1133 19th ST NW

23 City & State

DEPT 8408

24 Zip Country

DC 20036 USA

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME EBBERS, BERNARD J.
STREET ADDRESS 515 EAST AMITE STREET
CITY-ST-ZIP JACKSON MS 39201

☐ DELETE

TITLE VPC
NAME MYERS, DAVID F.
STREET ADDRESS 515 EAST AMITE STREET
CITY-ST-ZIP JACKSON MS 39201

☒ DELETE

TITLE ST
NAME SULLIVAN, SCOTT D.
STREET ADDRESS 515 EAST AMITE STREET
CITY-ST-ZIP JACKSON MS 39201

☐ DELETE

TITLE D
NAME ~~CANNADA, CHARLES T.~~
STREET ADDRESS 515 EAST AMITE STREET
CITY-ST-ZIP JACKSON MS 39201

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

V.P. & Gen. Tax Counsel
WALTER NAGEL
1133 19th Street, N.W. Wash. D.C. 20036

☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D
SCOTT SULLIVAN

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 the 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, with all other officers, directors, and agents.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)