


**FILED**  
**Jun 22, 1999 8:00 am**  
**Secretary of State**

06-22-1999 90004 018 \*\*\*158.75  
 07-20-1999 90028 021 \*\*\*400.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P15900</b>					
1. Corporation Name <b>KEY COMMUNICATIONS SERVICE, INC.</b>					

Principal Place of Business 2633 GRANT LINE RD. POST OFFICE BOX 109 NEW ALBANY IN 47151-0109 US	Mailing Address 2633 GRANT LINE ROAD POST OFFICE BOX 109 NEW ALBANY IN 47151-0109 US
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 09/10/1987	
4. FEI Number 35-1438728	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARMON, CHARLES D.	1.2 NAME	Carl W. Garmon
STREET ADDRESS	555 NAVAJO DR.	1.3 STREET ADDRESS	1 Riverpointe Plaza, #719
CITY-ST-ZIP	NEW ALBANY IN	1.4 CITY-ST-ZIP	Jeffersonville, IN 47130
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARMON, VINCENT	2.2 NAME	James D. Rasler, Jr.
STREET ADDRESS	204 LANCASTER WOODS	2.3 STREET ADDRESS	2633 Grant Line Rd, PO Box 109
CITY-ST-ZIP	NEW ALBANY IN 47150	2.4 CITY-ST-ZIP	NEW ALBANY, IN 47151-0109
TITLE	C <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARMON, CHARLES	3.2 NAME	Hardy, A Thomas
STREET ADDRESS	555 NAVAJO DR	3.3 STREET ADDRESS	12202 Covered Bridge Rd
CITY-ST-ZIP	NEW ALBANY IN 47150	3.4 CITY-ST-ZIP	Sellersburg, IN 47172
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	CARPENTER, JEFF K	4.2 NAME	
STREET ADDRESS	8724 COUNTY LINE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SELLERSBURG IN	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	GARMON, SHAWN A	5.2 NAME	
STREET ADDRESS	555 NAVAJO DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ALBANY IN	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	HARDY, A THOMAS	6.2 NAME	
STREET ADDRESS	12202 COVERED BRIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	SELLERSBURG IN 47172	6.4 CITY-ST-ZIP	

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 as an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (11/98)