

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 90094 036 ***150.00

DOCUMENT # P17266

1. Corporation Name

TELECONNECT LONG DISTANCE SERVICES & SYSTEMS COM
PANY

Principal Place of Business

1133 19TH ST NW
ATTN: INCOME TAX DEPT
NW WASHINGTON DC 20036

Mailing Address

1133 19TH ST NW
ATTN: INCOME TAX DEPT 8408
NW WASHINGTON DC 20036



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/11/1988

4. FEI Number

42-1295989

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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

US

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 C ☐ DELETE

NAME ROBERTS, JR., BERT C.

STREET ADDRESS 1801 PA AVE NW

CITY-ST-ZIP WASHINGTON DC

TITLE ~~VP~~ ☐ DELETE

NAME ~~RAU, CHARLES W.~~

STREET ADDRESS 1133 19TH ST., N.W.

CITY-ST-ZIP WASHINGTON DC

TITLE VPSP ☐ DELETE

NAME SALSBUARY, MICHAEL

STREET ADDRESS 1801 PA AVE NW

CITY-ST-ZIP WASHINGTON DC

TITLE VPT ☐ DELETE

NAME ST JOHN, JONELLE

STREET ADDRESS 1801 PA AVE NW

CITY-ST-ZIP WASHINGTON DC

TITLE PD ☐ DELETE

NAME PRICE, TIMOTHY

STREET ADDRESS 1801 PA AVENUE NW

CITY-ST-ZIP WASHINGTON DC

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

V.P. & Gen. Tax Counsel
WALTER NAGEL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE:

Walter Nagel

4/29/99

202-736-6000

Date

Daytime Phone #

CR2E034 (11/98)