FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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DOCUMENT # **P23340** **(3)**

1. Corporation Name
LCI INTERNATIONAL TELECOM CORP.

Principal Place of Business	Mailing Address
4650 LAKEHURST COURT DUBLIN OH 43017-3252	4650 LAKEHURST COURT DUBLIN OH 43017-3252

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/09/1989**
3a. Date of Last Report: **03/29/1994**

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

4. FEI Number: **39-1455803** ☐ 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. *The corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	ASV	1.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	HEFLINGER, JAMES D.	1.2 NAME	SAME	
STREET ADDRESS	4650 LAKEHURST CT.	1.3 STREET ADDRESS	SAME	
CITY-ST-ZIP	DUBLIN OH	1.4 CITY-ST-ZIP	SAME	
TITLE	VST	2.1 TITLE	ASSISTANT TREASURER	☐ Change ☒ Addition
NAME	WOLFE, LARRY E.	2.2 NAME	JAMES J. ROSE	
STREET ADDRESS	4650 LAKEHURST CT.	2.3 STREET ADDRESS	4650 LAKEHURST COURT	
CITY-ST-ZIP	DUBLIN OH	2.4 CITY-ST-ZIP	DUBLIN, OHIO 43017	
TITLE	CD	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMPSON, H. BRIAN	3.2 NAME		
STREET ADDRESS	4650 LAKEHURST CT.	3.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	3.4 CITY-ST-ZIP		
TITLE	PD	4.1 TITLE		☐ Change ☐ Addition
NAME	WYNNE, THOMAS J.	4.2 NAME		
STREET ADDRESS	4650 LAKEHURST CT.	4.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLI, OH , OH	4.4 CITY-ST-ZIP		
TITLE	AS	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLER, PATRICK S.	5.2 NAME		
STREET ADDRESS	4650 LAKEHURST CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	DUBLIN OH	5.4 CITY-ST-ZIP		
TITLE	TV	6.1 TITLE		☐ Change ☐ Addition
NAME	LAWRENCE, JOSEPH A	6.2 NAME		
STREET ADDRESS	488 LEXINGTON AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	6.4 CITY-ST-ZIP		

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)(k), 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: _____ ASST TREAS APRIL 11, 1995 (614)798-6269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047A03 FP