

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 4650 LAKEHURST COURT DUBLIN OH 43017-3252	Mailing Address 4650 LAKEHURST COURT DUBLIN OH 43016-3254
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3. Date Incorporated or Qualified 03/09/1989	3a. Date of Last Report 02/28/1996
4. FEI Number 39-1455803	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEFLINGER, JAMES D.	1.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH	1.4 CITY-ST-ZIP	
TITLE	VST <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, LARRY E.	2.2 NAME	John Dillon VP Finance
STREET ADDRESS	4650 LAKEHURST CT.	2.3 STREET ADDRESS	4650 Lakehurst Ct.
CITY-ST-ZIP	DUBLIN OH	2.4 CITY-ST-ZIP	Dublin, Ohio 43016
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYNNE, THOMAS J.	4.2 NAME	
STREET ADDRESS	4650 LAKEHURST CT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUBLIN OH, OH	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, JOSEPH A	6.2 NAME	
STREET ADDRESS	466 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 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.

SIGNATURE: _____ DATE: **4/16/97** DAYTIME PHONE: **(614) 798-6269**

CR2E034 (9/96)