

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

DOCUMENT # P23340

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 43017-3252

FILED  
Mar 10, 1999 8:00 am  
Secretary of State

03-10-1999 90131 011 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/09/1989

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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

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	S	<input checked="" type="checkbox"/> DELETE
NAME	HEFLINGER, JAMES D.	
STREET ADDRESS	4650 LAKEHURST CT.	
CITY-ST-ZIP	DUBLIN OH	
TITLE	VPP	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, JOHN	
STREET ADDRESS	4650 LAKEHURST CT.	
CITY-ST-ZIP	DUBLIN OH	
TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, H. BRIAN	
STREET ADDRESS	4650 LAKEHURST CT.	
CITY-ST-ZIP	DUBLIN OH	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, PATRICK S.	
STREET ADDRESS	4650 LAKEHURST CT.	
CITY-ST-ZIP	DUBLIN OH	
TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	LAWRENCE, JOSEPH A	
STREET ADDRESS	466 LEXINGTON AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOSEPH D NACCHIO	
1.3 STREET ADDRESS	555 17TH ST	
1.4 CITY-ST-ZIP	DENVER, CO 80202	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT S WOODRUFF	
2.3 STREET ADDRESS	555 17TH ST.	
2.4 CITY-ST-ZIP	DENVER, CO 80202	
3.1 TITLE	SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DRAKE S. TEMPEST	
3.3 STREET ADDRESS	555 17TH ST	
3.4 CITY-ST-ZIP	DENVER, CO 80202	
4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVEN H. SHOEMAKER	
4.3 STREET ADDRESS	555 17TH ST	
4.4 CITY-ST-ZIP	DENVER, CO 80202	
5.1 TITLE	ASST. SEC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	YASH A. RANA	
5.3 STREET ADDRESS	555 17TH ST	
5.4 CITY-ST-ZIP	DENVER, CO 80202	
6.1 TITLE	ASST. TREAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JEFF VON DEYLEN	
6.3 STREET ADDRESS	555 17TH ST.	
6.4 CITY-ST-ZIP	DENVER, CO 80202	

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:

*Kelly A. Carter*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/99

(303) 992-1400

Date

Daytime Phone #

CR2E034 (11/98)