

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
 02-14-2000 90006 036 ***150.00

DOCUMENT # P23340

1. Entity Name
LCI INTERNATIONAL TELECOM CORP.

Principal Place of Business **Mailing Address**
 4950 LAKEHURST COURT 555 17TH STREET
 DUBLIN OH 43017-3252 DENVER CO 80202-3950

2. Principal Place of Business **3. Mailing Address**
 555 17TH STREET
 Suite, Apt. #, etc.

City & State **City & State**
 DENVER CO
Zip **Country** **Zip** **Country**
 80202 USA

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** **10. Election Campaign Financing** **\$5.00 May Be**
 (See criteria on back) **After MAY 1, 2000 Fee will be \$550.00** Trust Fund Contribution. **Added to Fees**
 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACCHIO, JOSEPH D		NAME	AFSHIN MOHEBBI	
STREET ADDRESS	555 17TH STREET		STREET ADDRESS	555 17TH STREET	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	DENVER CO 80202	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SEE ATTACHED SCHEDULE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOODRUFF, ROBERT S		NAME		
STREET ADDRESS	555 17TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPE, DRAKE S		NAME		
STREET ADDRESS	555 17TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHOEMAKER, STEPHEN H		NAME	ROBERT S WOODRUFF	
STREET ADDRESS	555 17TH STREET		STREET ADDRESS	555 17TH STREET	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	DENVER CO 80202	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANA, YASH A		NAME		
STREET ADDRESS	555 17TH STREET		STREET ADDRESS		
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YON DYLEN, JEFF		NAME	KELLY S CARTER	
STREET ADDRESS	555 17TH STREET		STREET ADDRESS	555 17TH STREET	
CITY-ST-ZIP	DENVER CO 80202		CITY-ST-ZIP	DENVER CO 80202	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kelly S. Carter Assistant Treasurer 2/13/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)