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

APPROVED AND FILED
95 MAY -1 PM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24499** **(6)**

1. Corporation Name
THE ST. THOMAS AND SAN JUAN TELEPHONE COMPANY, I NC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
2 BELTJEN PLACE P.O. BOX 1915 VDS ST. THOMAS, USVI 00803 US	2 BELTJEN PLACE P.O. BOX 1915 VDS ST. THOMAS, USVI 00803 US

3. Date Incorporated or Qualified: **05/25/1989**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **66-0446921** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29 — Country — 25 / 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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 _____ 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	PD	1.1 TITLE	POST	☒ Change ☐ Addition
NAME	KLUGMAN, NORMAN	1.2 NAME	Norman Klugman	
STREET ADDRESS	200 E. BROWARD BLVD., 19TH FLOOR	1.3 STREET ADDRESS	200 E Broward Blvd.- 21st Floor	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	SD	2.1 TITLE	Vice-President (D)	☒ Change ☐ Addition
NAME	NEPTUNE, JOAN	2.2 NAME	Scott Drake	
STREET ADDRESS	P.O. BOX 1915	2.3 STREET ADDRESS	200 E Broward Blvd.- 21st Floor	
CITY-ST-ZIP	ST. THOMAS VI	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	VS	3.1 TITLE	Director (D)	☒ Change ☐ Addition
NAME	GLASSER, WILLIAM JOHN	3.2 NAME	Henry Kressel	
STREET ADDRESS	4-1-33 ESTATE FORTUNA	3.3 STREET ADDRESS	200 E Broward Blvd.- 21st Floor	
CITY-ST-ZIP	ST. THOMAS VI	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	V	4.1 TITLE	Director (D)	☒ Change ☐ Addition
NAME	THOMPSON, PHILLIP	4.2 NAME	J. S. Lewis	
STREET ADDRESS	P. O. BOX 1915 N/A	4.3 STREET ADDRESS	200 E Broward Blvd.- 21st Floor	
CITY-ST-ZIP	ST. THOMAS VI	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Norman Klugman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #