

FILED
Mar 02 1998 8:00am
Secretary of State

DOCUMENT # P24499 (6)
1. Corporation Name
**THE ST. THOMAS AND SAN JUAN TELEPHONE COMPANY, I
NC.**

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

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

9. Name and Address of Current Registered Agent		81	Name
CT CORPORATION SYSTEM		82	Street Address
1200 S. PINE ISLAND ROAD		83	
PLANTATION FL 33324		84	City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation is authorized to change its name to _____, without the necessity of filing a new certificate of incorporation with the State of Florida. Such change was authorized by the corporation's board of directors, and I, _____, the undersigned, are familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered Agent and filed if applicable (NOTE: Registered Agent signature required)

12. OFFICERS AND DIRECTORS				13.	
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE		
NAME	WESLEY T. O'BRIEN		1.2 NAME		
STREET ADDRESS	200 E. BROWARD BLVD., 21ST FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		
NAME	KRESSEL, HENRY		2.2 NAME		
STREET ADDRESS	200 E. BROWARD BLVD., 21ST FLOOR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		
NAME	WILLIAM A. PEGUIN		3.2 NAME		
STREET ADDRESS	200 E. BROWARD BLVD., 21ST FLOOR		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE		
NAME	DOUGLAS KARP		4.2 NAME		
STREET ADDRESS	200 EAST BROWARD BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		SE
NAME			5.2 NAME		AM
STREET ADDRESS			5.3 STREET ADDRESS		200
CITY-ST-ZIP			5.4 CITY-ST-ZIP		FT
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 05/25/1989			
4. FEI Number 66-0446921		Applied For	
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

FL 85 Zip Code

ation submits this statement for the purpose of changing its registered
on's board of directors. I hereby accept the appointment as registered

 (Date when reinstating) DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
SECRETARY ANGELINA SPOTO 2101 E. BROWARD BLVD, 21ST FLOOR LAUDERDALE FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 called, or on an attachment with an address.

SIGNATURE:

Aurelia M. Spoto

2/25/98

CR2E034 (10/97)