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Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24499

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

2 BELTJEN PLA P.O. BOX 1915 ST. THOMAS. UUS 2. Principal P 21 Suite, Apt. 22 City & Stat 23	VDS JSVI 00803 face of Business #, etc.	2 BELTJEN PLACE P.O. BOX 1915 VDS ST. THOMAS. USVI 00803 US 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country				3. Date Incorporated or Qualifed 05/25/1989 4. FEI Number 66-0446921 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible		
24	25	29	30	•		Personal Property Tax.	✓Yes	□No
	9. Name and Address of Curren	<u> </u>		T		10. Name and Address of New R	egistered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				82	Street A	Robert Stankey ddress (P.O. Box Number is Not Accepta 60 (Shertdan St th Fl lollyngod	85 Zit	p Code 33621
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 applicability. (NOTE: Registered Agent signature required when reinstating) OATE								
12.		ID DIRECTORS	13					
TITLE	P	· []M/DI		TITLE	f 1	K. Paul Singh	☐ Change	3 LTAGGITION
NAME	WESLEY T. O'BRIEN			NAME	_	President		
STREET ADDRESS	200 E. BROWARD BLVD., 21ST	FLOOR				1700 old Meadow Rd		ļ
CITY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-		McLean, VA 22102	TH Change	e PAddition
TITLE	D	(A)	1	TITLE		Secretary	[\ criang	Addition
NAME	KRESSEL, HENRY	. C. OOD		NAME		Robert Stanken		.
STREET ADDRESS	200 E. BROWARD BLVD., 21ST	FLOOR	L	STREET A	l l	4501 Sheridan St. 3363		
CiTY-ST-ZIP	FT. LAUDERDALE FL			CITY-ST-	ZIP	Hollywood, FL 3363 Vice President	Dehange	e Addition
TITLE	S ANCELINA SPOTO	<u> </u>	I	NAME	ł			
NAME	ANGELINA SPOTO 200 E BROWARD BLVD 21ST F	<u>-</u> 1		STREET A	ODDECC	John Defodesta 1700 Old Mendow Rd		
STREET ADDRESS	FT. LAUDERDALE FL	·L		CITY-ST-		Mulean, VA 22102),	ļ
CITY-ST-ZIP	D			TITLE	-23P	Treasuen	Dehange	e Addition
NAME	DOUGLAS KARP	-		NAME	1	Netl Hazard		_ }
STREET ADDRESS	200 EAST BROWARD BLVD.			STREET A	DORESS	1700 Old Meadow Re	ļ	1
CITY-ST-ZIP	FT.LAUDERDALE FL			CITY-ST-	1	Mclean, VA 22102		
TITLE	I IICAODENOALE I L	<u>□</u> □		TITLE	= +	a contract of the contract of	☐ Change	e 🗀 Addition
NAME			1	NAME	-			
STREET ADDRESS			5.3 5	STREET A	DDRESS			
CITY-ST-ZIP			5.4	CITY-ST-	ZIP			ļ
TITLE		Di	ELETE 6.1	TITLE		<u> </u>	☐ Change	e 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 of 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Robert Stankey of Signing Officer or Clienter

4/26/99

703 962 2800

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