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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

 FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P27628** (7)
 1. Corporation Name
CENTEL DIRECTORY COMPANY

Principal Place of Business Mailing Address
**7015 COLLEGE BLVD.
 STE. 400
 OVERLAND PARK KS 60631
 US** **7015 COLLEGE BLVD., STE. 400
 OVERLAND PARK KS 66211
 US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 **P.O. Box 7974**
 22 City & State 27
 23 **Shawnee Mission, KS**
 24 Zip Country 29 **66207-0974** 30 **US**

3. Date Incorporated or Qualified **01/02/1990** 3a. Date of Last Report **02/14/1994**
 4. FEI Number **36-3579194** 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
 7. 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
 1300 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD WALSH, ROBERT J. 7015 COLLEGE BLVD., STE. 400 OVERLAND PARK KS
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V KEMPER, DONALD L. 8725 W. HIGGINS CHICAGO IL
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VS GARVIN, J. 7015 COLLEGE BLVD., STE. 400 OVERLAND PARK KS
TITLE NAME STREET ADDRESS CITY-ST- ZIP	V MIESKE, JOHN L. 7015 COLLEGE BLVD., STE. 400 OVERLAND PARK KS
TITLE NAME STREET ADDRESS CITY-ST- ZIP	TD FARMER, T. E. 2330 SHAWNER MISSION PARKWAY WESTWOOD KS
TITLE NAME STREET ADDRESS CITY-ST- ZIP	CD KURTZ, A. A. 2330 SHAWNEE MISSION PARKWAY WESTWOOD KS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST- ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Kemper, Donald L.
23 STREET ADDRESS	7015 College Blvd, Ste. 400
24 CITY-ST- ZIP	Overland Park, KS 66211
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	100001527791
34 CITY-ST- ZIP	-06/30/95--01012--001
	****425.00 ****225.00
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST- ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D Branyan, Bruce H.
53 STREET ADDRESS	2330 Shawnee Mission Parkway
54 CITY-ST- ZIP	Westwood, KS 66205
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), 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: Donald L. Kemper 4-20-95 913-491-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type in Name)