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May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P27628  
1. Corporation Name  
CENTEL DIRECTORY COMPANY

(7)



Principal Place of Business  
7015 COLLEGE BLVD.  
STE. 400  
OVERLAND PARK KS 66631  
US

Mailing Address  
P.O. BOX 7974  
SHAWNEE MISSION KS 66207-0974  
US

3. Date Incorporated or Qualified 01/02/1990	3a. Date of Last Report 05/06/1996
4. FEI Number 36-3579194	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WALSH, ROBERT J.	1.2 NAME	
STREET ADDRESS	7015 COLLEGE BLVD., STE. 400	1.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	KEMPER, DONALD L.	2.2 NAME	
STREET ADDRESS	7015 COLLEGE BLVD. STE. 400	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66211	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	DOERING, TAD	3.2 NAME	
STREET ADDRESS	7015 COLLEGE BLVD., STE. 400	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	MIESKE, JOHN L.	4.2 NAME	
STREET ADDRESS	7015 COLLEGE BLVD., STE. 400	4.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	BRANYAN, BRUCE H	5.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	5.4 CITY-ST-ZIP	
TITLE	CD	6.1 TITLE	
NAME	KURTZ, A. A	6.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS	6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)