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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P27756 (6)

1. Corporation Name

SPRINT/UNITED MANAGEMENT COMPANY

Principal Place of Business

2330 SHAWNEE MISSION PARKWAY  
WESTWOOD KS 66205

Mailing Address

2330 SHAWNEE MISSION PARKWAY  
MAILSTOP: KSWESB0109  
WESTWOOD KS 66205  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 903 E. 104th St.

22 City & State

27 City & State

23 Zip

Country

28 Kansas City, MO

Zip

Country

24

25

29 64131

30

USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

01/17/1990

3a. Date of Last Report

05/01/1995

4. FEI Number

48-1077227

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

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

Signature, typed or printed name of registered agent, and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

PD  
ESREY, WILLIAM T.  
2330 SHAWNEE MISSION PWY  
WESTWOOD KS 66205  
AVP  
BESHEARS, MARK V.  
13905 HAYES  
OVERLAND PARK KS 33221  
AS  
HYDE, MICHAEL T.  
9939 ASH  
OVERLAND PARK KS 66207  
TV  
M JEANNINE STRANDJORD  
2330 SHAWNEE MISSION PWY  
WESTWOOD KS 66205  
D  
KRAUSE, ARTHUR B.  
8611 REINHARDT LANE  
LEAWOOD KS 66206  
D  
DEVLIN, T. RICHARD  
4104 W. 123RD ST.  
LEAWOOD KS 66209

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)(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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

(816) 854-7683

CR2E034 (12/95)