

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27756 (6)

1. Corporation Name
SPRINT/UNITED MANAGEMENT COMPANY

Principal Place of Business
2330 SHAWNEE MISSION PARKWAY
WESTWOOD KS 66205

Mailing Address
903 E. 104TH STREET
MAILSTOP: KSWESB0109
KANSAS CITY MO 64131
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1990	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 48-1077227	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEMAY, RONALD T	1.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	1.4 CITY-ST-ZIP	
TITLE	AVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESHEARS, MARK V.	2.2 NAME	
STREET ADDRESS	13905 HAYES	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 33221	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, MICHAEL T.	3.2 NAME	
STREET ADDRESS	9839 ASH	3.3 STREET ADDRESS	
CITY-ST-ZIP	OVERLAND PARK KS 66207	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	M JEANNINE STRANDJORD	4.2 NAME	
STREET ADDRESS	2330 SHAWNEE MISSION PWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTWOOD KS 66205	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUSE, ARTHUR B.	5.2 NAME	
STREET ADDRESS	8611 REINHARDT LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66206	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVLIN, T. RICHARD	6.2 NAME	
STREET ADDRESS	4104 W. 123RD ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEAWOOD KS 66209	6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE:  Mark Beshears 4/23/98 (816) 854-7683
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0504941

CR2E034 (10/97)