

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PM 4:27

DOCUMENT # **P27832** (5)

1. Corporation Name
CDI TELECOMMUNICATIONS, INC.

Principal Place of Business: **8700 VIA DE VENTURA, 250, SCOTTSDALE AZ 85258-4308, US**
Mailing Address: **1717 ARCH ST, 35 FLOOR, PHILADELPHIA PA 19103-2768, US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/23/1990** 3a. Date of Last Report: **05/24/1994**
4. FEI Number: **23-2302167** 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

2. Principal Place of Business: 21, 22, 23
2a. Mailing Address: 26, 27, 28
24. Zip: 25, 29, 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH 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: _____ (Signature, typed or printed name of registered agent and the corporation) (NOTE: Registered agent signature required when transferring.) (DATE)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	CASERTA, FRANK N.
STREET ADDRESS	8700 E. VIA DE VENTURA
CITY, ST, ZIP	SCOTTSDALE AZ
TITLE	S
NAME	SEIDERS, JOSEPH R.
STREET ADDRESS	1717 ARCH ST 35TH FL
CITY, ST, ZIP	PHILADELPHIA PA 68
TITLE	TDVP
NAME	LANDIS, EDGAR D.
STREET ADDRESS	1717 ARCH ST 35 FL
CITY, ST, ZIP	PHILADELPHIA PA 68
TITLE	AS
NAME	LEWIS CRAIG H.
STREET ADDRESS	1717 ARCH ST 35 FL
CITY, ST, ZIP	PHILADELPHIA PA 68
TITLE	AT
NAME	MARKLEY, THOMAS R.
STREET ADDRESS	1717 ARCH ST 35 FL
CITY, ST, ZIP	PHILADELPHIA PA 68
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	Scottsdale, AZ 85258
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	Philadelphia, PA 19103-2768
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	Philadelphia, PA 19103-2768
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	Philadelphia, PA 19103-2768
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	Philadelphia, PA 19103-2768
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information appearing with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (2)(3)(b), Florida Statutes. I further certify that the information indicated in 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, trustee or liquidator empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on a filing returned with this filing.

SIGNATURE: *Thomas R. Markley* Thomas R. MARKLEY 1-12-95 (215) 569-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR