

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90116 012 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P27832

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

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

3. Date Incorporated or Qualified
01/23/1990

4. FEI Number
23-2302167

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 owes the current year Intangible Personal Property Tax. Yes No

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CASERTA, FRANK N.	
STREET ADDRESS	8700 E. VIA DE VENTURA	
CITY-ST-ZIP	SCOTTSDALE AZ	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	SEIDERS, JOSEPH R.	
STREET ADDRESS	1717 ARCH ST 35TH FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TDVP	<input checked="" type="checkbox"/> DELETE
NAME	LANDIS, EDGAR D.	
STREET ADDRESS	1717 ARCH ST 35 FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEWIS CRAIG H.	
STREET ADDRESS	1717 ARCH ST 35 FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	TREA	<input type="checkbox"/> DELETE
NAME	MARKLEY, THOMAS R.	
STREET ADDRESS	1717 ARCH ST 35 FL	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCH WIENICK	
STREET ADDRESS	1717 ARCH ST	
CITY-ST-ZIP	PHILADELPHIA PA 19103	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Arlington A. Nagle
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: Arlington A. Nagle DATE: 1-5-99 DAYTIME PHONE #: TREAS

CR2E034 (1/198)