SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P32100** **(0)**

1. Corporation Name

U S WEST MARKETING RESOURCES GROUP, INC.

Principal Place of Business	Mailing Address
198 INVERNESS DRIVE WEST STE 500 ENGLEWOOD CO 80112 US	7800 E. ORCHARD RD. STE. 480 ENGLEWOOD CO 80111 US

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/07/1990
3a. Date of Last Report: 04/28/1995
4. FEI Number: 84-0933557 — 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

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
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 (type or print clearly name of registered agent) (if applicable) (NOTE: Registered Agent signature required when filing) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	TRUJILLO, SOLOMON	1.2 NAME	Boyd, Stephen D.
STREET ADDRESS	198 INVERNESS DRIVE WEST	1.3 STREET ADDRESS	198 Inverness Drive West
CITY-ST-ZIP	ENGLEWOOD CO	1.4 CITY-ST-ZIP	Englewood, CO 8011 2
TITLE	VT ☐ DELETE	2.1 TITLE	VT ☒ Change ☐ Addition
NAME	BOYD, STEPHEN D	2.2 NAME	Kikes, Robert P.
STREET ADDRESS	198 INVERNESS DRIVE WEST	2.3 STREET ADDRESS	198 Inverness Drive West
CITY-ST-ZIP	ENGLEWOOD CO	2.4 CITY-ST-ZIP	Englewood, CO 80112
TITLE	AS ☐ DELETE	3.1 TITLE	AS ☒ Change ☐ Addition
NAME	STEPHENS, TERRY K.	3.2 NAME	Hijar, Glenda M.
STREET ADDRESS	7800 E ORCHARD ROAD	3.3 STREET ADDRESS	7800 E. Orchard Rd, Suite 480
CITY-ST-ZIP	ENGLEWOOD CO	3.4 CITY-ST-ZIP	Englewood, CO 80111
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, MARSHA C	4.2 NAME	
STREET ADDRESS	198 INVERNESS DR. WEST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	300001902073 ☐ Change ☐ Addition
NAME	LILLIS, CHARLES M.	5.2 NAME	-07/23/96--01104--012
STREET ADDRESS	7800 EAST ORCHARD RD., STE. 200	5.3 STREET ADDRESS	***225.00
CITY-ST-ZIP	ENGLEWOOD CO	5.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	6.1 TITLE	S ☒ Change ☐ Addition
NAME	JAPHA, BARBARA M.	6.2 NAME	Roellig, Mark D.
STREET ADDRESS	7800 EAST ORCHARD RD., STE. 480	6.3 STREET ADDRESS	7800 E. Orchard Rd., Suite 200
CITY-ST-ZIP	ENGLEWOOD CO	6.4 CITY-ST-ZIP	Englewood, CO 80111

7/23

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Glenda M. Hijar — Glenda M. Hijar 7/11/96 (303)792-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #