

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32730 (4)**

1. Corporation Name
REALCOM OFFICE COMMUNICATIONS, INC.



Principal Place of Business: **2030 POWERS FERRY RD. STE. 580 ATLANTA GA 30339**
Mailing Address: **2030 POWERS FERRY RD. STE. 580 ATLANTA GA 30339**

3. Date Incorporated or Qualified: **02/07/1991**
3a. Date of Last Report: **04/06/1995**

2. Principal Place of Business: **21 200 Kiewit Plaza**
22. Suite, Apt. #, etc.:
23. City & State: **Omaha, NE**
24. Zip: **68131** 25. Country: **USA**
26. Mailing Address: **26 200 Kiewit Plaza**
27. Suite, Apt. #, etc.:
28. City & State: **Omaha, NE**
29. Zip: **68131** 30. Country: **USA**

4. FEI Number: **58-1868962**
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

10. Name and Address of New Registered Agent

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

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VP	NAME: MCNAMEE, CHARLES B.	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 8885 RIVER TRACE	CITY-STATE-ZIP: ROSWELL GA		
TITLE: VP	NAME: DAVENPORT, WILLIAM D	<input type="checkbox"/> DELETE	
STREET ADDRESS: 1437 WINTERCRESS COURT	CITY-STATE-ZIP: MARIETTA GA		
TITLE: P	NAME: DEPOLO, JAMES	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 1360 JONES, SUITE 802	CITY-STATE-ZIP: SAN FRANCISCO CA		
TITLE: VPC	NAME: ORG, GREGG	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 808 CRESTLINE DRIE	CITY-STATE-ZIP: SMYRNA GA		
TITLE: VP	NAME: GEDROSE, ROBERT J	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 1800 9TH STREET WEST	CITY-STATE-ZIP: KIRKLAND WA		
TITLE: VP	NAME: SANDERS, JACK R	<input checked="" type="checkbox"/> DELETE	
STREET ADDRESS: 317 MATHESON COURT	CITY-STATE-ZIP: COPPELL TE		

1.1 TITLE: President - P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: Kirby G. Pickle	
1.3 STREET ADDRESS: 15 Canterbury Court	
1.4 CITY-STATE-ZIP: Medham, NJ 07845	
2.1 TITLE: Senior Vice President-V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: William D. Davenport	
2.3 STREET ADDRESS: 1437 Wintercress Court	
2.4 CITY-STATE-ZIP: Marietta GA	
3.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: Steven Schilling	
3.3 STREET ADDRESS: 200 Kiewit Plaza, 3555 Furnam	
3.4 CITY-STATE-ZIP: Omaha NE	
4.1 TITLE: V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME: Terrence J. Ferguson	
4.3 STREET ADDRESS: 200 Kiewit Plaza	
4.4 CITY-STATE-ZIP: Omaha, NE 68131	
5.1 TITLE: V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME: Dubin L. Keith	
5.3 STREET ADDRESS: 200 Kiewit Plaza	
5.4 CITY-STATE-ZIP: Omaha, NE 68131	
6.1 TITLE: Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: James A. Crowe - D	
6.3 STREET ADDRESS: 200 Kiewit Plaza	
6.4 CITY-STATE-ZIP: Omaha, NE 68131	

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 if changed, or on an attachment with an address.

SIGNATURE: **Debra L. Keith** Vice-President **2/6/96** (402) 977-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Phone #

CR2E034 (12/95)