

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 # P32794 (0)

1. Corporation Name

TIE/COMMUNICATIONS, INC.



Principal Place of Business

8500 W. 110TH ST.  
SUITE 200  
OVERLAND PARK KS 66210

Mailing Address

8500 W. 110TH ST.  
SUITE 200  
OVERLAND PARK KS 66210

3. Date Incorporated or Qualified  
03/04/1991

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
06-0872068

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BENJAMIN, GEORGE N. III  
STREET ADDRESS 8500 W 110 ST  
CITY-ST-ZIP OVERLAND PK KS ☒ DELETE

TITLE EVD  
NAME CARTER, ERIC V.  
STREET ADDRESS 8500 W 110 ST  
CITY-ST-ZIP OVERLAND PARK KS ☒ DELETE

TITLE SD  
NAME WEBB, ROBERT W.  
STREET ADDRESS 225 W WASHINGTON ST  
CITY-ST-ZIP CHICAGO IL ☒ DELETE

TITLE T  
NAME BREES, NEAL L  
STREET ADDRESS 8500 W 110 ST  
CITY-ST-ZIP OVERLAND PARK KS ☐ DELETE

TITLE CD  
NAME PRITZKER, ROBERT A  
STREET ADDRESS 225 W WASHINGTON ST  
CITY-ST-ZIP CHICAGO IL ☒ DELETE

TITLE D  
NAME LABLANC, ROBERT E.  
STREET ADDRESS 323 HIGHLAND AVE.  
CITY-ST-ZIP RIDGEWOOD CT ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE P/D  
12 NAME Charles B. McNamee ☐ Change ☒ Addition  
13 STREET ADDRESS 8500 W. 110th Street  
14 CITY-ST-ZIP Overland Park, KS 66210

2 1 TITLE V  
22 NAME Larry Long ☐ Change ☒ Addition  
23 STREET ADDRESS 8500 W. 110th Street  
24 CITY-ST-ZIP Overland Park, KS 66210

3 1 TITLE S  
32 NAME Jane E. Closterman ☐ Change ☒ Addition  
33 STREET ADDRESS 8500 W. 110th Street  
34 CITY-ST-ZIP Overland Park, KS 66210

4 1 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP ☐ Change ☐ Addition

5 1 TITLE D  
52 NAME John M. Orehek ☐ Change ☒ Addition  
53 STREET ADDRESS 1201 Third Ave, Ste 5400  
54 CITY-ST-ZIP Seattle, WA 98101

6 1 TITLE D  
62 NAME Paul H. Pfleger ☐ Change ☒ Addition  
63 STREET ADDRESS 1201 Third Ave, Ste 5400  
64 CITY-ST-ZIP Seattle, WA 98101

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:

Jane E. Closterman JANE E. CLOSTERMAN

4/8/96

(913) 344-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)