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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 66210-1804



3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 04/16/1996
4. FEI Number 06-0872068	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address Attn: Tax Dept.
21 10975 Grandview Drive	26 10975 Grandview Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Building #27	27 Building #27
City & State	City & State
23 Overland Park, KS	28 Overland Park, KS
Zip Country	Zip Country
24 66210-1504 25 USA	29 66210-1504 30 USA

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

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 officer or person named as registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNAMEE, CHARLES B.	1.2 NAME	
STREET ADDRESS	8500 W 110 ST	1.3 STREET ADDRESS	Building #27 10975 Grandview Drive
CITY-ST-ZIP	OVERLAND PK KS	1.4 CITY-ST-ZIP	Overland Park, KS 66210-1504
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LONG, LARRY	2.2 NAME	Dozier, Michael R.
STREET ADDRESS	8500 W. 110TH STREET	2.3 STREET ADDRESS	Building #27 10975 Grandview Drive
CITY-ST-ZIP	OVERLAND PARK KS	2.4 CITY-ST-ZIP	Overland Park, KS 66210-1504
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLOSTERMAN, JANE E.	3.2 NAME	
STREET ADDRESS	8500 W 110TH STREET	3.3 STREET ADDRESS	Building #27 10975 Grandview Drive
CITY-ST-ZIP	OVERLAND PARK KS	3.4 CITY-ST-ZIP	Overland Park, KS 66210-1504
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BREES, NEAL L	4.2 NAME	Huffaker, Craig J.
STREET ADDRESS	8500 W 110 ST	4.3 STREET ADDRESS	Building #27 10975 Grandview Drive
CITY-ST-ZIP	OVERLAND PARK KS	4.4 CITY-ST-ZIP	Overland Park, KS 66210-1504
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OREHEK, JOHN M.	5.2 NAME	
STREET ADDRESS	1201 THIRD AVENUE SUITE 5400	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFLEGER, PAUL H.	6.2 NAME	
STREET ADDRESS	1201 THIRD AVENUE SUITE 5400	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEATTLE WA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE:

Craig J. Huffaker

Craig J. Huffaker

4-25-97

(913) 344-0400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)