

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
JENNIFER M. MONTAGNA
TALLAHASSEE, FLORIDA 32301
TEL. 904-671-1000 FAX 904-671-1001

**APPROVED
AND
FILED**

MAY - 1 AM 9:15

OFFICE OF THE CLERK OF THE STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37523**

(8)

CLEARTEL COMMUNICATIONS, INC.

Principal Place of Business: 1232 22ND STREET, N.W., SUITE 100
WASHINGTON DC 20037
Alternate Place of Business: 1232 22ND STREET, N.W., SUITE 100
WASHINGTON DC 20037

(S) FEE WILL BE IN FULL SPACE

3. Date Incorporated (or Quoted)	3a. Date of Last Report
02/17/1992	04/27/1994
4. FIC Number	Aggregates
52-1540987	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☐	
6. Election Campaign Finance and Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
7. This corporation has liability for change in law under 5-1.02-202, Florida Statutes	☐ Yes ☐ No

2. Principal Place of Business	2a. Alternate Place of Business
21. State: App # 00	26. State: App # 00
22. City & State	27. City & State
23. City & State	28. City & State
24. City & State	29. City & State
25. City & State	30. City & State

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent						
HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE SUITE 200 TALLAHASSEE FL 32301	<table border="1"> <tr> <td>81. Name</td> <td>85. Zip Code</td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td>FL</td> </tr> <tr> <td>83. City</td> <td></td> </tr> </table>	81. Name	85. Zip Code	82. Street Address (P.O. Box Number is Not Acceptable)	FL	83. City	
81. Name	85. Zip Code						
82. Street Address (P.O. Box Number is Not Acceptable)	FL						
83. City							

11. Pursuant to the provisions of Sections 500.01, 500.02 and 500.03, 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 500.03, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS																														
<table border="1"> <tr> <td>NAME</td> <td>PD AUGER, ULYEES G., II</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1232 22ND STREET, N.W.</td> </tr> <tr> <td>CITY & STATE</td> <td>WASHINGTON DC</td> </tr> <tr> <td>NAME</td> <td>V GROH, BARTON</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1232 22ND STREET, N.W.</td> </tr> <tr> <td>CITY & STATE</td> <td>WASHINGTON DC</td> </tr> <tr> <td>NAME</td> <td>V BENDRIM, PATRICIA M.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1232 22ND STREET, N.W.</td> </tr> <tr> <td>CITY & STATE</td> <td>WASHINGTON DC</td> </tr> <tr> <td>NAME</td> <td>STD AUGER, ULYSSES G.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1217 22ND STREET, N.W.</td> </tr> <tr> <td>CITY & STATE</td> <td>WASHINGTON DC</td> </tr> </table>	NAME	PD AUGER, ULYEES G., II	STREET ADDRESS	1232 22ND STREET, N.W.	CITY & STATE	WASHINGTON DC	NAME	V GROH, BARTON	STREET ADDRESS	1232 22ND STREET, N.W.	CITY & STATE	WASHINGTON DC	NAME	V BENDRIM, PATRICIA M.	STREET ADDRESS	1232 22ND STREET, N.W.	CITY & STATE	WASHINGTON DC	NAME	STD AUGER, ULYSSES G.	STREET ADDRESS	1217 22ND STREET, N.W.	CITY & STATE	WASHINGTON DC	<table border="1"> <tr> <td>NAME</td> <td>Ronald A Burkson</td> </tr> <tr> <td>STREET ADDRESS</td> <td>1232 22nd St. NW</td> </tr> <tr> <td>CITY & STATE</td> <td>Washington, DC 20037</td> </tr> </table>	NAME	Ronald A Burkson	STREET ADDRESS	1232 22nd St. NW	CITY & STATE	Washington, DC 20037
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 500.03(1)(b), Florida Statutes. I further certify that the information was obtained from the proper records or supplemental documents and that my signature shall be a true and correct copy of the original. I understand that the information supplied is subject to public inspection and that the information shall be a true and correct copy of the original. I understand that the information supplied is subject to public inspection and that the information shall be a true and correct copy of the original.

SIGNATURE: *Barton R. Groh*
SIGNATURE AND TYPED OR PRINTED NAME OF MISSING OFFICER OR DIRECTOR
Barton R. Groh

5/1/95 202-463-8500