

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P38502 (1)

1. Corporation Name

TRIAx TELECOM, INC.



Principal Place of Business

100 FILLMORE ST., SUITE 600  
DENVER CO 80206

Mailing Address

100 FILLMORE ST., SUITE 600  
DENVER CO 80206

3. Date Incorporated or Qualified

04/20/1992

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

84-1180913

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 of applicant)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DC

☐ DELETE

NAME

DESORRENTO, JAMES  
100 FILLMORE, #600  
DENVER CO

STREET ADDRESS

CITY, ST, ZIP

TITLE

PT

☐ DELETE

NAME

BUSCH, JAY R.  
100 FILLMORE, #600  
DENVER CO

STREET ADDRESS

CITY, ST, ZIP

TITLE

VP

☐ DELETE

NAME

VAUGHN, JAMES  
100 FILLMORE, #600  
DENVER CO

STREET ADDRESS

CITY, ST, ZIP

TITLE

ATV

☐ DELETE

NAME

O'TOOLE, CHRISTOPHER R.  
100 FILLMORE, #600  
DENVER CO

STREET ADDRESS

CITY, ST, ZIP

TITLE

AS

☐ DELETE

NAME

O'TOOLE, CHRISTOPHER R.  
100 FILLMORE, #600  
DENVER CO

STREET ADDRESS

CITY, ST, ZIP

TITLE

VP

☐ DELETE

NAME

DOWNNEY, DAVID M.  
100 FILLMORE, #600  
DENVER CO

STREET ADDRESS

CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher R. O'Toole

Date

Daytime Phone #

(303)333-2424

CR2E034 (12/95)