

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P39898** (2)
1. Corporation Name
COMMUNICATION TELESYSTEMS INTERNATIONAL, INC.



Principal Place of Business
**4350 LA JOLLA VILLAGE DR.
SUITE 100
SAN DIEGO CA 92122-1276
US**

Mailing Address
**4350 LA JOLLA VILLAGE DR.
SUITE 100
SAN DIEGO CA 92122-1276
US**

2. Principal Place of Business
21. Suite, Apt., Etc.
22. City & State
23. Zip
24. Country
25. Country

2a. Mailing Address
26. Suite, Apt., Etc.
27. City & State
28. Zip
29. Country
30. Country

3. Date Incorporated or Qualified **08/03/1992**
3a. Date of Last Report **05/01/1995**

4. FEI Number **33-0466205**
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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature of Registered Agent (must be typed or printed name of Registered Agent)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	☐ DELETE	1. TITLE	☐ Change ☐ Addition	
NAME	ADDRESS		2. NAME		
CITY/STATE			3. STREET ADDRESS		
CITY/STATE			4. CITY/STATE/ZIP		
TITLE	NAME	☐ DELETE	5. TITLE	☐ Change ☐ Addition	
NAME	ADDRESS		6. NAME		
CITY/STATE			7. STREET ADDRESS		
CITY/STATE			8. CITY/STATE/ZIP		
TITLE	NAME	☐ DELETE	9. TITLE	☐ Change ☐ Addition	
NAME	ADDRESS		10. NAME		
CITY/STATE			11. STREET ADDRESS		
CITY/STATE			12. CITY/STATE/ZIP		
TITLE	NAME	☐ DELETE	13. TITLE	☐ Change ☐ Addition	
NAME	ADDRESS		14. NAME		
CITY/STATE			15. STREET ADDRESS		
CITY/STATE			16. CITY/STATE/ZIP		
TITLE	NAME	☐ DELETE	17. TITLE	☐ Change ☐ Addition	
NAME	ADDRESS		18. NAME		
CITY/STATE			19. STREET ADDRESS		
CITY/STATE			20. CITY/STATE/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: Edward S. Soren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)