

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1992	
21	9999 Willow Creek Road	26	9999 Willow Creek Road	4. FEI Number 33-0466205	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State San Diego, CA		City & State San Diego, CA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	92131	25			
29	92131	30			

9. Name and Address of Current Registered Agent				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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOREN, EDWARD S.			1.2 NAME			
STREET ADDRESS	4350 LA JOLLA VILLAGE DR			1.3 STREET ADDRESS	9999 Willow Creek Road		
CITY-ST-ZIP	SAN DIEGO CA			1.4 CITY-ST-ZIP	San Diego, CA 92131		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ABBOTT, ROSALIND			2.2 NAME			
STREET ADDRESS	4350 LA JOLLA VILLAGE DR			2.3 STREET ADDRESS	9999 Willow Creek Road		
CITY-ST-ZIP	SAN DIEGO CA			2.4 CITY-ST-ZIP	San Diego, Ca 92131		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUTHERFORD, ROBERT			3.2 NAME			
STREET ADDRESS	4350 LA JOLLA VILLAGE DR., STE 100			3.3 STREET ADDRESS	9999 Willow Creek Road		
CITY-ST-ZIP	SAN DIEGO CA 92122			3.4 CITY-ST-ZIP	San Diego, CA 92131		
TITLE	EVP	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUCKNER, MARK D.			4.2 NAME			
STREET ADDRESS	4350 LA JOLLA VILLAGE DRIVE, SUITE 100			4.3 STREET ADDRESS	9999 Willow Creek Road		
CITY-ST-ZIP	SAN DIEGO CA			4.4 CITY-ST-ZIP	San Diego, CA 92131		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 *Edward S. Soren* Edward S. Soren, President (800) 576-7775 1/30/98

CR2E034 (10/97)