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1997 MAY -5 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P40212 (3)

1. Corporation Name  
TELEPORT COMMUNICATIONS GROUP INC.

Principal Place of Business

ONE TELEPORT DRIVE  
STATEN ISLAND NY 10311

Mailing Address

ONE TELEPORT DRIVE  
STATEN ISLAND NY 10311-1003

3. Date Incorporated or Qualified  
06/26/1992

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
10-0305305

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

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

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCD ☐ DELETE

NAME ANNUNZIATA, ROBERT  
STREET ADDRESS 2 TELEPORT DRIVE  
CITY-ST-ZIP STATEN ISLAND NY

TITLE V ☐ DELETE

NAME ATKINSON, ROBERT C  
STREET ADDRESS 2 TELEPORT DRIVE  
CITY-ST-ZIP STATEN ISLAND NY

TITLE VS ☐ DELETE

NAME THOMSON, JOHN W  
STREET ADDRESS 2 TELEPORT DRIVE  
CITY-ST-ZIP STATEN ISLAND NY

TITLE VT ☐ DELETE

NAME SCARPATI, JOHN A  
STREET ADDRESS 2 TELEPORT DRIVE  
CITY-ST-ZIP STATEN ISLAND NY

TITLE D ☐ DELETE

NAME CLOUSTON, BRENDAN R  
STREET ADDRESS 2 TELEPORT DR  
CITY-ST-ZIP STATEN ISLAND NY

TITLE D ☐ DELETE

NAME DILLON, JOHN R  
STREET ADDRESS 2 TELEPORT DR  
CITY-ST-ZIP STATEN ISLAND NY

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(John W. Thomson) VP & Secretary

5/1/97

(118) 355-2150

CR2E034 (9/96)