

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P40991** (2)  
1. Corporation Name  
**INFO-TEL, INC. A COLORADO COMMUNICATIONS COMPANY**



Principal Place of Business  
**3900 S. FEDERAL BLVD.  
SHERIDAN CO 80110**

Mailing Address  
**3900 S. FEDERAL BLVD.  
SHERIDAN CO 80110**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/08/1992</b>	3a. Date of Last Report <b>11/27/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>84-1151138</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	SMITH, KEITH S.	1.2 NAME	
STREET ADDRESS	3900 S. FEDERAL BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN CO 80110	1.4 CITY-ST-ZIP	
TITLE	VCT	2.1 TITLE	ST
NAME	SMITH, LOREE V.	2.2 NAME	
STREET ADDRESS	3900 S. FEDERAL BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN CO 80110	2.4 CITY-ST-ZIP	
TITLE	DV	3.1 TITLE	
NAME	CALVERT, THOMAS W.	3.2 NAME	
STREET ADDRESS	3900 S. FEDERAL BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN CO 80110	3.4 CITY-ST-ZIP	
TITLE	DV	4.1 TITLE	
NAME	WAGNER, ROBERT S	4.2 NAME	
STREET ADDRESS	3900 S. FEDERAL BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN CO 80110	4.4 CITY-ST-ZIP	
TITLE	CFO	5.1 TITLE	
NAME	PATTERSON, RANDALL A	5.2 NAME	
STREET ADDRESS	3900 S. FEDERAL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHERIDAN CO 80110	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CORDOVA, BENJAMIN L	6.2 NAME	
STREET ADDRESS	5601 S. BROADWAY #416	6.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO	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 owner 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 in an amendment with an address.

SIGNATURE:

*Keith S. Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH S. SMITH

4/25/96

Date

(303) 789-3723

Daytime Phone #

CR2E034 (12/95)