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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000021661 (1)**

1. Corporation Name
SPRINT PAYPHONE SERVICES, INC.

Principal Place of Business	Mailing Address
750 S. NORTHLAKE BLVD. SUITE 1000 ALTAMONTE SPRINGS FL 32701	750 S. NORTHLAKE BLVD. SUITE 1000 ALTAMONTE SPRINGS FL 32701-6745

3. Date Incorporated or Qualified: 03/21/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: 59-3268090 ☐ 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

TWILLEY, RICHARD G
750 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name: David Roseman
82 Street Address (P.O. Box Number is Not Acceptable): 750 S Northlake Dr, Ste 1000
83
84 City: Altamonte Springs FL 85 Zip Code: 32701

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] DAVID ROSEMAN - GENERAL MNGR. 4/25/97
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCCARTHY, MICHAEL		1.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JOHNS, JERRY M		2.2 NAME		
STREET ADDRESS	555 LAKE BORDER DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HODGE, RALPH		3.2 NAME		
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	WESTWOOD KS 66205		3.4 CITY-ST-ZIP		
TITLE	P	☑ DELETE	4.1 TITLE	D	☐ Change ☑ Addition
NAME	TWILLEY, RICHARD G		4.2 NAME	Roseman, David	
STREET ADDRESS	750 S. NORTHLAKE BLVD. STE. 1000		4.3 STREET ADDRESS	~~555 LAKE Border DR~~ 750 S. Northlake Dr Suite 1000	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		4.4 CITY-ST-ZIP	~~APOPKA, FL 32703~~ Altamonte Springs, FL	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	200002218322 -06/20/97--01053--006 ***550.00	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] DAVID ROSEMAN 4/25/97 (407) 339-3334