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FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000021661 (1)

1. Corporation Name

SPRINT PAYPHONE SERVICES, INC.

Principal Place of Business

750 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701

Mailing Address

750 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/21/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 903 E. 104th Street

Suite, Apt. #, etc.

27 Mailstop: m0kcmw0609

28 City & State

Kansas City, MO

29 Zip

64131

30 Country

9. Name and Address of Current Registered Agent

ROSEMAN, DAVID
750 S. NORTHLAKE BLVD.
SUITE 1000
ALTAMONTE SPRINGS FL 32701

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 ☐ DELETE

NAME MCCARTHY, MICHAEL
STREET ADDRESS 555 LAKE BORDER DR
CITY - ST - ZIP APOPKA FL 32703

TITLE ☐ DELETE

NAME JOHNS, JERRY M
STREET ADDRESS 555 LAKE BORDER DR.
CITY - ST - ZIP APOPKA FL 32703

TITLE ☒ DELETE

NAME HODGE, RALPH
STREET ADDRESS 2330 SHAWNEE MISSION PARKWAY
CITY - ST - ZIP WESTWOOD KS 66205

TITLE ☒ DELETE

NAME ROSEMAN, DAVID
STREET ADDRESS 750 S. NORTHLAKE BLVD. SUITE 1000
CITY - ST - ZIP ALTAMONTE SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition

1.2 NAME Dave Roseman
1.3 STREET ADDRESS 750 S. Northlake Blvd., Suite 1000
1.4 CITY - ST - ZIP Altamonte Springs, FL 32701

2.1 TITLE Treasurer ☐ Change ☒ Addition

2.2 NAME M. Jeannine Strandford
2.3 STREET ADDRESS 2330 Shawnee Mission Parkway
2.4 CITY - ST - ZIP Westwood, KS 66205

3.1 TITLE ~~Asst. Vice President~~ ☐ Change ☒ Addition

3.2 NAME Mark V. Gashers
3.3 STREET ADDRESS 903 E 104th Street
3.4 CITY - ST - ZIP Kansas City, MO 64131

4.1 TITLE Asst. Treasurer ☐ Change ☒ Addition

4.2 NAME Michael Myratt
4.3 STREET ADDRESS 2330 Shawnee Mission Pkwy
4.4 CITY - ST - ZIP Westwood, KS 66205

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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

1-26-98 (811) 854-7683

CR2E034 (10/97)