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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State
04-29-1999 90186 001 ***150.00

DOCUMENT # **P94000021661**

1. Corporation Name
SPRINT PAYPHONE SERVICES, INC.

Principal Place of Business	Mailing Address
750 S. NORTHLAKE BLVD. SUITE 1000 ALTAMONTE SPRINGS FL 32701	903 E 104TH STREET MAILSTOP:MOKCMWD0309 KANSAS CITY MO 64131 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2330 Shawnee Mission Parkway	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Westwood, KS	City & State 28
Zip / Country 24 66205 25 US	Zip / Country 29 30

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MCCARTHY, MICHAEL		1.2 NAME	Randy W. Osler	
STREET ADDRESS	555 LAKE BORDER DR		1.3 STREET ADDRESS	5454 W. 110th Street	
CITY-ST-ZIP	APOPKA FL 32703		1.4 CITY-ST-ZIP	Overland Park, KS 66211	
TITLE	DS	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JOHNS, JERRY M		2.2 NAME	William E. Cheek	
STREET ADDRESS	555 LAKE BORDER DR.		2.3 STREET ADDRESS	4220 Shawnee Mission Parkway	
CITY-ST-ZIP	APOPKA FL 32703		2.4 CITY-ST-ZIP	Fairway, KS 66205	
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	STRANDJORD, M JEANNINE		3.2 NAME	Jeannine Strandjord	
STREET ADDRESS	2330 SHAWNEE MISSION PARKWAY		3.3 STREET ADDRESS	3140 Ward Parkway	
CITY-ST-ZIP	WESTWOOD KS 66205		3.4 CITY-ST-ZIP	Kansas City, MO 64114	
TITLE	P	☒ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	ROSEMAN, DAVID		4.2 NAME	Paul H. Kute	
STREET ADDRESS	750 S. NORTHLAKE BLVD. SUITE 1000		4.3 STREET ADDRESS	4220 Shawnee Mission Parkway	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		4.4 CITY-ST-ZIP	Fairway, KS 66205	
TITLE	VP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BESHEARS, MARK V		5.2 NAME		
STREET ADDRESS	903 3 104TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO 64131		5.4 CITY-ST-ZIP		
TITLE	ST	☒ DELETE	6.1 TITLE	S	☒ Change ☐ Addition
NAME	MYNATT, MICHAEL		6.2 NAME	Michael T. Hyde	
STREET ADDRESS	2330 SHAWNEE MISSION PKWY		6.3 STREET ADDRESS	2330 Shawnee Mission Parkway	
CITY-ST-ZIP	WESTWOOD KS 66205		6.4 CITY-ST-ZIP	Westwood, KS 66205	

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, with all other like empowered.

SIGNATURE: X Mark Besheears 4/26/99 (816)854-7611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)