

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P 96000007209 1. Corporation Name <p style="text-align: center;">Sprint Telecenters, Inc.</p>			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 2301 Lucien Way	22 Suite, Apt. #, etc.	26 903 E. 104th Street	27 Suite, Apt. #, etc.
22 Suite 400	23 City & State	28 MOKCMW0609	29 City & State
23 Maitland, FL	24 Zip	28 Kansas City, MO	29 Zip
24 32751	25 Country	29 64131	30 Country
25 US		30 US	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
David Matheson 2301 Lucien Way, Suite 400 Maitland, FL 32751		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	David Matheson
STREET ADDRESS		1.3 STREET ADDRESS	2301 Lucien Way
CITY - ST - ZIP		1.4 CITY - ST - ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	M. Jeannine Strandjord
STREET ADDRESS		2.3 STREET ADDRESS	2330 Shawnee Mission Parkway
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Westwood, KS 66205
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Leslie Klinger
STREET ADDRESS		3.3 STREET ADDRESS	2301 Lucien Way
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Maitland, FL 32751
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	LaMont Eanes
STREET ADDRESS		4.3 STREET ADDRESS	5454 W. 110th Street
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Overland Park, KS 66211
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Jerry Johns
STREET ADDRESS		5.3 STREET ADDRESS	555 Lake Border Drive
CITY - ST - ZIP		5.4 CITY - ST - ZIP	Apopka, FL 32703
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Richard McRae
STREET ADDRESS		6.3 STREET ADDRESS	5454 W. 110th Street
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Overland Park, KS 66211
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: <i>M. Jeannine Strandjord</i>		M. Jeannine Strandjord 5/13/98 816-854-7683	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)