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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90165 048 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000007209

1. Corporation Name

SPRINT TELECENTERS, INC.

Principal Place of Business

Mailing Address

2301 LUCIEN WAY
SUITE 400
MAITLAND FL 32751

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SUITE 400
MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/24/1996

4. FEI Number

59-3360108

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

2. Principal Place of Business

2a. Mailing Address

21 2330 Shawnee Mission Parkway
Suite, Apt. #, etc.

26 903 E. 104th Street
Suite, Apt. #, etc.

22 City & State

27 mailstop: mckcmw0609-
City & State

23 Westwood, KS

28 Kansas City, MO

24 Zip 66205 25 Country US

29 64131 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATHESON, DAVID L
2301 LUCIEN WAY
SUITE 400
MAITLAND FL 32751

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	MATHESON, DAVID L	2301 LUCIEN WAY	MAITLAND FL 32751	<input type="checkbox"/>
D	MCRAE, RICHARD D	5454 W. 110TH ST	OVERLAND PARK KS 66211	<input type="checkbox"/>
D	EANES, LAMONT	5454 W. 110TH ST	OVERLAND PARK KS 66211	<input type="checkbox"/>
D	JOHNS, JERRY M	555 LAKE BORDER DR	APOPKA FL 32703	<input type="checkbox"/>
T	STRANDJORD, M. JEANNINE	2330 SHAWNEE MISSION PWY	WESTWOOD KS 66205	<input type="checkbox"/>
PD	MATHESON, DAVID	2301 LUCIEN WAY	MAITLAND FL 32751	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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. If on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark Beshears

4/26/99

Date

(816) 854-7611

Daytime Phone #

CR2E034 (1/98)