

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 001 ***150.00

DOCUMENT # V10813

1. Corporation Name
BIZ-TEL CORPORATION

Principal Place of Business

515 E AMITE ST
JACKSON MS 39201-2702
US

Mailing Address

~~515 E AMITE ST~~
~~JACKSON MS 39201-2702~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/31/1992

4. FEI Number

59-3105484

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

21 Suite, Apt. #, etc.

City & State

Zip

Country

25

2a. Mailing Address

26 1133 19th Street, N.W. Wash. D.C. 20036

Suite, Apt. #, etc.

27 DEPT. 8408

City & State

Zip

Country

30

US

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE
PCED	EBBERS, BERNARD J	515 E AMITE ST JACKSON MS		<input type="checkbox"/>
VPC	MYERS, DAVID F.	515 EAST AMITE ST JACKSON MS 32901		<input checked="" type="checkbox"/>
ASB	CANNADA, CHARLES T	515 E AMITE ST JACKSON MS		<input type="checkbox"/>
STCF	SULLIVAN, SCOTT D	515 EAST AMITE STREET JACKSON MS		<input type="checkbox"/>
AS	ANDERSON, WILLIAM E.	515 EAST AMITE STREET JACKSON MS 39201		<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition
V.P. & Gen. Tax Counsel	WALTER NAGEL	1133 19th Street, N.W. Wash. D.C. 20036		<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	SCOTT SULLIVAN			<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Walter Nagel

4/29/99 202-736-6000

Date

Daytime Phone #

CR2E034 (1/98)