

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

95 JUL -5 AM 8:41

DOCUMENT # F9400004427 (0)

1. Corporation Name
EUNETCOM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**2 TRAP FALLS RD.
SHELTON CT 06484** **2 TRAP FALLS RD.
SHELTON CT 06484**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
08/25/1994

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Approved For
22. State, Apt # etc	26. State, Apt # etc	00-1402245	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Year	29. Year	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Year	30. Year	7. This corporation has liability for excise tax under s. 193(1)(f) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	

11. Pursuant to the provisions of Sections 607.02002 and 607.11001 Florida Statutes, the above named corporation swears this statement for the purpose of (re)registering 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 in lieu of another with and accept the obligations of Sections 607.02001 Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for Change of Agent)

Signature of Registered Agent (Required for Addition)

Signature

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CORPORATE OFFICERS AND DIRECTORS ONLY	
NAME	PDC OUER, R C 1 PLACE DE LA COUPOLE, CEDEX 16 92094 PARIS LA DEFENSE FRANC	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Wilhelm Schluter 1 Place de la Coupole, Cedex 16 92094 Paris la Defense, FRANCE
NAME	DDC PICOT, MICHEL 1 PLACE DE LA COUPOLE, CEDEX 16 92094 PARIS LA DEFENSE FRANC	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ramon Alvarez 1 Place de la Coupole, Cedex 16 92094 Paris la Defense, FRANCE
NAME	VD POURCIN, LAURE 1 PLACE DE LA COUPOLE, CEDEX 16 92094 PARIS LA DEFENSE FRANC	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition c/o Deutsche Telekom, 666 5th Ave, 34th New York, NY 10103 floor
NAME	VD MARULLI, JOSEPH 1 PLACE DE LA COUPOLE, CEDEX 16 92094 PARIS LA DEFENSE FRANC	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2 Trap Falls Road Shelton, CT 06484
NAME	D FERREBOEUF, HUGUES 1 PLACE DE LA COUPOLE, CEDEX 16 92094 PARIS LA DEFENSE FRANC	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WATSON, JOHN 1 PLACE DE LA COUPOLE, CEDEX 16 92094 PARIS LA DEFENSE FRANC	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph V. Marull

6/27/95