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Feb 03 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000003762 (9)

1. Corporation Name  
PULSE COMMUNICATIONS, INC.



Principal Place of Business  
156R BEACH ST  
FOXBORO MA 02035

Mailing Address  
156R BEACH ST  
FOXBORO MA 02035-1054

3. Date Incorporated or Qualified 07/24/1996  
3a. Date of Last Report

2. Principal Place of Business 21  
2a. Mailing Address 2a  
4. FEI Number 04-331126  
Applied For Not Applicable

22 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required

23 City & State 27 City & State  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 Country  
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [X] Yes [ ] No

9. Name and Address of Current Registered Agent  
BANSCHBACH, MICHAEL  
8511 NW 18TH PLACE  
CORAL SPRINGS FL 33071  
10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPT [ ] DELETE	1.1 TITLE	[ ] Change [ ] Addition
NAME	CURRIE, WILLIAM	1.2 NAME	
STREET ADDRESS	156R BEACH ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	FOXBORO MA 02035	1.4 CITY - ST - ZIP	
TITLE	D [ ] DELETE	2.1 TITLE	[ ] Change [ ] Addition
NAME	BANSCHBACH, MICHAEL	2.2 NAME	
STREET ADDRESS	8511 NW 18TH PLACE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL 33071	2.4 CITY - ST - ZIP	
TITLE	D [ ] DELETE	3.1 TITLE	[ ] Change [ ] Addition
NAME	COSTANTINO, SALVATORE	3.2 NAME	
STREET ADDRESS	424 TERRY CT	3.3 STREET ADDRESS	
CITY - ST - ZIP	FREDERICK MD 21701	3.4 CITY - ST - ZIP	
TITLE	S [ ] DELETE	4.1 TITLE	[ ] Change [ ] Addition
NAME	TESSITORE, FRANK W	4.2 NAME	
STREET ADDRESS	222 HIGHLAND AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ARLINGTON MA 02174	4.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	5.1 TITLE	[ ] Change [ ] Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	[ ] DELETE	6.1 TITLE	[ ] Change [ ] Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: *William Currie* [ ] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 808-543-2188  
Date Daytime Phone #

CR2E034 (9/96)