

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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1600 Boston-Providence Hwy Suite, Apt. #, etc. 22 Suite 101 City & State 23 Walpole, MA Zip 24 02081		2a. Mailing Address 26 1600 Boston-Providence Hwy Suite, Apt. #, etc. 27 Suite 101 City & State 28 Walpole, MA Zip 29 02081		3. Date Incorporated or Qualified 07/24/1996	
		4. FEI Number 04-3311126		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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	CPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTANTINO, SALVATORE	3.2 NAME	COSTANTINO, SALVATORE
STREET ADDRESS	424 TERRY CT	3.3 STREET ADDRESS	3501 GLENMORE AVENUE
CITY-ST-ZIP	FREDERICK MD 21701	3.4 CITY-ST-ZIP	BALTIMORE, MD 21701
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	900002494405
STREET ADDRESS		6.3 STREET ADDRESS	-04/21/98--01011--004
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***158.75

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: _____

CR2E034 (10/97)

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