

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003762

1. Entity Name  
PULSE COMMUNICATIONS, INC.

**FILED**  
**Jul 25, 2000 8:00 am**  
**Secretary of State**

07-25-2000 90003 005 \*\*\*550.00

Principal Place of Business      Mailing Address  
1600 BOSTON-PROVIDENCE HIGHWAY      1600 BOSTON-PROVIDENCE HIGHWAY  
SUITE 101      SUITE 101  
WALPOLE MA 02081      WALPOLE MA 02081 ✓



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      04-331126      Applied For  
Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BANSCHBACH, MICHAEL  
8511 NW 18TH PLACE  
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent

Name      BANSCHBACH, MICHAEL  
Street Address (P.O. Box Number is Not Acceptable)  
8559 BOCA GLADES BLVD WEST  
UNIT E  
City      BOCA RATON      FL      Zip Code      33434

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE      Michael Banschbach      (NOTE: Registered Agent signature required when reinstating)      July 17, 2000      DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)     

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.            \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CPT	<input type="checkbox"/> Delete
NAME	CURRIE, WILLIAM	
STREET ADDRESS	156R BEACH ST	
CITY-ST-ZIP	FOXBORO MA 02035	
TITLE	D	<input type="checkbox"/> Delete
NAME	BANSCHBACH, MICHAEL	
STREET ADDRESS	8511 NW 18TH PLACE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSTANTINO, SALVATORE	
STREET ADDRESS	3501 GLENMORE AVENUE	
CITY-ST-ZIP	BALTIMORE MD 21701	
TITLE	S	<input type="checkbox"/> Delete
NAME	TESSITORE, FRANK W	
STREET ADDRESS	222 HIGHLAND AVE	
CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Banschbach, Michael	
STREET ADDRESS	8559 BOCA GLADES BLVD WEST, UNIT E	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      Signature Required      7/19/00      508-660-0340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/00)