

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90147 023 ***550.00

DOCUMENT # F98000006431

1. Entity Name
TELCO SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **63 NAHATAN ST NORWOOD MA 02062 US**
 Mailing Address: **945 EAST PACES FERRY RD., STE. 2240 ATLANTA GA 30326 1160**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: **63 Nahatan Street**
 Suite, Apt. #, etc.
 City & State: **Norwood, MA**
 Zip: **02062** Country: **USA**

4. FEI Number: **58-2425520** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2000 Fee will be \$550.00 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	
TITLE: D	<input checked="" type="checkbox"/> Delete
NAME: PHILLIPS, JOHN D	
STREET ADDRESS: 945 E PACES FERRY RD STE 2210	
CITY-ST-ZIP: ATLANTA GA 30326	
TITLE: CCD	<input checked="" type="checkbox"/> Delete
NAME: WALLACE, A. LINDSAY	
STREET ADDRESS: 945 E PACES FERRY RD STE 2210	
CITY-ST-ZIP: ATLANTA GA 30326	
TITLE: DVT	<input checked="" type="checkbox"/> Delete
NAME: GERGEL, MARK A	
STREET ADDRESS: 945 EAST PACES FERRY RD., STE. 2240	
CITY-ST-ZIP: ATLANTA GA 30326	
TITLE: PD	<input type="checkbox"/> Delete
NAME: LEBEAU, DAVID	
STREET ADDRESS: 63 NAHATAN ST	
CITY-ST-ZIP: NORWOOD MA 02062	
TITLE: S	<input checked="" type="checkbox"/> Delete
NAME: CHMAR, W. TOD	
STREET ADDRESS: 945 E PACES FERRY RD STE 2210	
CITY-ST-ZIP: ATLANTA GA 30326	
TITLE: T	<input checked="" type="checkbox"/> Delete
NAME: MIES, MICHAEL	
STREET ADDRESS: 945 E PACES FERRY RD STE 2210	
CITY-ST-ZIP: ATLANTA GA 30326	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: CEO/Chairman of the Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Zvi Marom	
STREET ADDRESS: 22 Hamelacha St. Bldg #4	
CITY-ST-ZIP: Rosh Ha'ayin 48091 ISRAEL	
TITLE: Vice President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: Ofer Bar-Ner	
STREET ADDRESS: 22 Hamelacha St. Bldg. #4	
CITY-ST-ZIP: Rosh Ha'ayin 48091 ISRAEL	
TITLE: Treasurer & Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: David Garrity	
STREET ADDRESS: 63 Nahatan St.	
CITY-ST-ZIP: Norwood, MA 02062	
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: _____	
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: David Garrity **6/30/00** **781-551-0300**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)