


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90161 017 \*\*\*158.75

**DOCUMENT # F98000006431**

1. Entity Name  
**TELCO SYSTEMS, INC.**



Principal Place of Business  
**2 HAMPSHIRE ST.. 3A  
FOXBORO MA 02035  
US**

Mailing Address  
**2 HAMPSHIRE ST.. 3A  
FOXBORO MA 02035  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

CHECK HERE IF MAKING CHANGES

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		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO</b> <b>MAROM, ZVI</b> <b>22 HAMELACHA ST BLDG #4</b> <b>ROSH HA'AYIN 48091 ISRAEL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>BAR-NER, OFER</b> <b>22 HAMELACHA ST BLDG #4</b> <b>ROSH HA'AYIN 48091 ISRAEL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b> <b>GARRITY, DAVID</b> <b>63 NAHATAN ST</b> <b>NORWOOD MA 02062</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2 Hampshire St.</b> <b>Foxboro, MA 02035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2 HAMASHIRE ST.</b> <b>FOXBORO, MA 02035</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David Garrity* **DAVID GARRITY** **1/7/03** **781-255-2258**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)