

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P03275 (5)**
1. Corporation Name
PERIPHONICS CORPORATION



Principal Place of Business: **4000 VETERANS MEMORIAL HIGHWAY BOHEMIA NY 11716**
Mailing Address: **4000 VETERANS MEMORIAL HIGHWAY BOHEMIA NY 11716**

3. Date Incorporated or Qualified: **09/05/1984**
3a. Date of Last Report: **02/02/1995**
4. FEI Number: **11-2699509**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

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 officer 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, PETER J.	1.2 NAME
STREET ADDRESS	387 ASHAROKEN AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	NORTHPORT NY	1.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIELS, RICARHD A.	2.2 NAME
STREET ADDRESS	1 THURMAN LANE	2.3 STREET ADDRESS
CITY-ST-ZIP	HUNTINGTON NY	2.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLE, GEORGE W.	3.2 NAME
STREET ADDRESS	12 MEADOW LANE	3.3 STREET ADDRESS
CITY-ST-ZIP	BROOKHAVEN NY	3.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIANNOTTI, RICHARD	4.2 NAME
STREET ADDRESS	80 BAY RD.	4.3 STREET ADDRESS
CITY-ST-ZIP	BROOKHAVEN NY	4.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, KEVIN J.	5.2 NAME
STREET ADDRESS	20 HILLTOP DRIVE	5.3 STREET ADDRESS
CITY-ST-ZIP	MT. SINAI NY	5.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATEL, JAYANDRA	6.2 NAME
STREET ADDRESS	17 VALLEY AVENUE	6.3 STREET ADDRESS
CITY-ST-ZIP	SMITHTOWN NY	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **KEVIN O'BRIEN** *KEVIN J. O'BRIEN* 5-23-96 516-468-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)