

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

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

4. FEI Number

11-2699509

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

FL

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

Signature typed or printed name of registered agent or officer of the corporation

(If Not Registered Agent Signature, Sign Here When Not Signing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	COHEN, PETER J.	
STREET ADDRESS	387 ASHAROKEN AVE.	
CITY-ST-ZIP	NORTHPORT NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DANIELS, RICARDO A.	
STREET ADDRESS	1 THURMAN LANE	
CITY-ST-ZIP	HUNTINGTON NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLE, GEORGE W.	
STREET ADDRESS	12 MEADOW LANE	
CITY-ST-ZIP	BROOKHAVEN NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GIANNOTTI, RICHARD	
STREET ADDRESS	80 BAY RD.	
CITY-ST-ZIP	BROOKHAVEN NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	O'BRIEN, KEVIN J.	
STREET ADDRESS	20 HILLTOP DRIVE	
CITY-ST-ZIP	MT. SINAI NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PATEL, JAYANDRA	
STREET ADDRESS	17 VALLEY AVENUE	
CITY-ST-ZIP	SMITHTOWN NY	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEVIN J. O'BRIEN

5-23-96

516-468-9000

CR2E034 (12/95)