

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 30, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03275

01-30-1999 90006 010 ***150.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/05/1984

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME COHEN, PETER J.
STREET ADDRESS 387 ASHAROKEN AVE.
CITY-ST-ZIP NORTHPORT NY

TITLE DELETE
NAME DANIELS, RICARHD A.
STREET ADDRESS 1 THURMAN LANE
CITY-ST-ZIP HUNTINGTON NY

TITLE DELETE
NAME COLE, GEORGE W.
STREET ADDRESS 12 MEADOW LANE
CITY-ST-ZIP BROOKHAVEN NY

TITLE DELETE
NAME GIANNOTTI, RICHARD
STREET ADDRESS 80 BAY RD.
CITY-ST-ZIP BROOKHAVEN NY

TITLE DELETE
NAME O'BRIEN, KEVIN J.
STREET ADDRESS 20 HILLTOP DRIVE
CITY-ST-ZIP MT. SINAI NY

TITLE DELETE
NAME PATEL, JAYANDRA
STREET ADDRESS 17 VALLEY AVENUE
CITY-ST-ZIP SMITHTOWN NY

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/99
Date
516-468-9000
Daytime Phone #

CR2E034 (11/98)