

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 JUL 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P04681 (3)

1. Corporation Name
ECONOCOM-USA, INC.

Principal Place of Business	Mailing Address
866 RIDGEWAY LOOP RD 205 MEMPHIS TN 38120 US	866 RIDGEWAY LOOP RD 205 MEMPHIS TN 38120 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/17/1985** 3a. Date of Last Report **04/20/1994**

2. Principal Place of Business
21 **965 HIGGINS LAKE BLVA** 2a. Mailing Address
26 **SAME**

4. FEI Number **62-0937350** Applied For Not Applicable

Suite, Apt #, etc. 22 **STE 207** 27

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State 23 **MEMPHIS, TN** 28

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

Zip 24 **38120** Country 25 **SHILBY** 29

8. This corporation has liability for intangible tax under s. 1227.032, Florida Statutes Yes No

Country 30 **SAME**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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

Signature of Registered Agent (required when filing)

Signature of Registered Agent (required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **COB**
NAME **BOUCHARD, JEAN-LOUIS**
STREET ADDRESS **12 AVENUE BOSQUET**
CITY, ST, ZIP **75007 PARIS, FRANCE**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

TITLE **C**
NAME **THOMAS, KEVIN**
STREET ADDRESS **7421 RICHMOND**
CITY, ST, ZIP **MEMPHIS TN**

17 TITLE Change Addition
18 NAME
19 STREET ADDRESS
20 CITY, ST, ZIP

TITLE **P**
NAME **DRAKE, MICHAEL**
STREET ADDRESS **3548 KENWOOD**
CITY, ST, ZIP **MEMPHIS TN**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

TITLE **S**
NAME **LANSKY, MITCHELL I**
STREET ADDRESS **1683 BRYN MAWR COVE**
CITY, ST, ZIP **MEMPHIS TN**

25 TITLE Change Addition
26 NAME
27 STREET ADDRESS
28 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

29 TITLE Change Addition
30 NAME
31 STREET ADDRESS
32 CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

33 TITLE Change Addition
34 NAME
35 STREET ADDRESS
36 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 contained in 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 of this report, or on an attachment with an address.

SIGNATURE: *Kevin Thomas* **KEVIN THOMAS, CFO** 7/5/95 (901)681-4242
SIGNATURE AND TYPED OR PRINTED NAME OF DOMESTIC OFFICER OR DIRECTOR

CR2E034 (3/95)