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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 561912 1. Corporation Name ULTRACOM OF DADE COUNTY, INC.					
Principal Place of Business 290 HARBOR DR STAMFORD CT 06902 US			Mailing Address C/O TWC TAX DEPT. PO BOX 6700 ENGLEWOOD CO 80155-6700		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/13/1978 4. FEI Number 23-2060410 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE P/D <input type="checkbox"/> DELETE NAME HAJE, PETER STREET ADDRESS 75 ROCKEFELLER PLAZA CITY-ST-ZIP NEW YORK NY 10019 TITLE V/D <input type="checkbox"/> DELETE NAME BRESSLER, RICHARD J. STREET ADDRESS 75 ROCKEFELLER PLAZA CITY-ST-ZIP NEW YORK NY 10019 TITLE V/D <input type="checkbox"/> DELETE NAME HAYS, SPENCER B. STREET ADDRESS 75 ROCKEFELLER PLAZA CITY-ST-ZIP NEW YORK NY 10019 TITLE V <input type="checkbox"/> DELETE NAME ALLAMAN, GAIL L. STREET ADDRESS 5680 GREENWOOD PLAZA BLVD. CITY-ST-ZIP ENGLEWOOD CO 80111 TITLE AT <input type="checkbox"/> DELETE NAME KARAS, MARK L STREET ADDRESS 5680 GREENWOOD PLAZA BLVD CITY-ST-ZIP ENGLEWOOD CO 80111 TITLE V <input type="checkbox"/> DELETE NAME CHRISTIE, WARREN A. STREET ADDRESS 1271 AVENUE OF THE AMERICAS CITY-ST-ZIP NEW YORK NY 10020					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME Allaman, Gail L. 4.3 STREET ADDRESS 160 Inverness Drive 4.4 CITY-ST-ZIP Englewood, Co. 80112 5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME Karas, Mark L 5.3 STREET ADDRESS 160 Inverness Drive 5.4 CITY-ST-ZIP Englewood, Co. 80012 6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME Christie, Warren A. 6.3 STREET ADDRESS 75 Rockefeller Plaza 6.4 CITY-ST-ZIP New York, NY 10019					

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer 4/27/99 303-799-1200

Date

Daytime Phone #