

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 561912

1. Entity Name

ULTRACOM OF DADE COUNTY, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90336 036 ***150.00

Principal Place of Business

Mailing Address

290 HARBOR DR
 STAMFORD CT 06902
 US

C/O TWC TAX DEPT.
 PO BOX 6659
 ENGLEWOOD CO 80155-6659

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-2060410

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: P/D Delete
 NAME: HAJE, PETER
 STREET ADDRESS: 75 ROCKEFELLER PLAZA
 CITY-ST-ZIP: NEW YORK NY 10019

TITLE: Change Addition
 NAME: P. Christopher P. Bogart
 STREET ADDRESS: 75 Rockefeller Plaza
 CITY-ST-ZIP: New York, NY 10019

TITLE: V/D Delete
 NAME: BRESSLER, RICHARD J.
 STREET ADDRESS: 75 ROCKEFELLER PLAZA
 CITY-ST-ZIP: NEW YORK NY 10019

TITLE: Change Addition
 NAME: V.P. Joseph A. Ripp
 STREET ADDRESS: 75 Rockefeller Plaza
 CITY-ST-ZIP: New York, NY 10019

TITLE: V/D Delete
 NAME: HAYS, SPENCER B.
 STREET ADDRESS: 75 ROCKEFELLER PLAZA
 CITY-ST-ZIP: NEW YORK NY 10019

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: V Delete
 NAME: ALLAMAN, GAIL L.
 STREET ADDRESS: 160 INVERNESS DR
 CITY-ST-ZIP: ENGLEWOOD CO 80112

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: AT Delete
 NAME: KARAS, MARK L
 STREET ADDRESS: 160 INVERNESS DR
 CITY-ST-ZIP: ENGLEWOOD CO 80112

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: V Delete
 NAME: CHRISTIE, WARREN A.
 STREET ADDRESS: 75 ROCKEFELLER PLAZA
 CITY-ST-ZIP: NEW YORK NY 10019

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer

Date

4/13/00 103-799-1200

Daytime Phone #

CR2E034 (9/99)