

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$275 (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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 20 AM 10:53

DOCUMENT # 838038 (8)

1. Corporation Name

FREEDOM CAPITAL MANAGEMENT CORPORATION

Principal Place of Business

ONE BEACON STREET
P.O. BOX 1250
BOSTON MA 02108

Mailing Address

ONE BEACON STREET
P.O. BOX 1250
BOSTON MA 02108

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/16/1977

3a. Date of Last Report

01/25/1994

4. FEI Number

04-1915080

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. 199.022,
Florida Statutes ☐ Yes ☐ No

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

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

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

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 date if applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DPM	DODGE, DEXTER A.	19 ELMWOOD RD	MARBLEHEAD MA
DM	WELD, EDWARD W.	211 ASH STREET	WESTON MA
DM	URMSTON, THOMAS H.	79 HOLLIS STREET	SHERBORN MA
DC	GOLDSMITH, JOHN H.	55 GALLOUPES POINT	SWAMPSCOTT MA
DM	HOWE, RICHARD V.	241 ADAMS STREET	MILTON MA
TD	BROWN, THOMAS	13 BEAVER DAM DR.	WESTFORD MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	Change	Addition
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY - ST - ZIP	☐ Change	☐ Addition
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY - ST - ZIP	☐ Change	☐ Addition
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY - ST - ZIP	☐ Change	☐ Addition
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY - ST - ZIP	☐ Change	☐ Addition
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY - ST - ZIP	☐ Change	☐ Addition

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: Maureen M. Renzi Maureen M. Renzi 6/12/95 6:17:25 PM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name)

CR2E034 (3/95)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.
AMOUNT DUE ON OR BEFORE 8/9/98: \$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
 SECRETARY OF STATE
 07-11-1998

DOCUMENT # 840081 (4)

1. Corporation Name

TELDATA CORPORATION

Principal Place of Business

**148 PARK SOUTH COURT
NASHVILLE TN 37210**

Mailing Address

**148 PARK SOUTH COURT
NASHVILLE TN 37210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/23/1978

3a. Date of Last Report

04/20/1994

4. FEI Number

62-0817728

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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 re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	PORTER, FRANK G.
STREET ADDRESS	148 PARK S. COURT
CITY - ST - ZIP	NASHVILLE TN
TITLE	P
NAME	GRIFFIN, JOHN D.
STREET ADDRESS	5009 VILLA CREST DR
CITY - ST - ZIP	NASHVILLE TN
TITLE	VP
NAME	TOURNAUD, PHILLIP A
STREET ADDRESS	8211 APACHE TRAIL
CITY - ST - ZIP	BRENTWOOD TN
TITLE	VR
NAME	COWELL, STEVEN M.
STREET ADDRESS	13502
CITY - ST - ZIP	ASHLAND CITY TN
TITLE	VP
NAME	MCGREW, THOMAS N.
STREET ADDRESS	1712 LEATON COURT
CITY - ST - ZIP	FRANKLIN TN
TITLE	STD
NAME	ZIEGLER, ROBERT P.
STREET ADDRESS	201 4TH AVE N, SUITE 1800
CITY - ST - ZIP	NASHVILLE TN

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	CONTROLLER / ASST SECTY
4.3 STREET ADDRESS	L. SCOTT BURLEYSON
4.4 CITY - ST - ZIP	148 Park South Court Nashville, TN 37210
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 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:

L. Scott Burleyson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/95

(615) 256-8951