

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 843183 (5)

1. Corporation Name

DICTAPHONE CORPORATION (U.S.)



Principal Place of Business

Mailing Address

3191 BROADBRIDGE AVENUE
~~ONE ELMOROFF BLVD~~
STRATFORD CT 06497-2559
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 3191 BROADBRIDGE AVE

22 City & State

27 STRATFORD CT

23 Zip Country

28 06497-2559 30

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
05/04/1979

3a. Date of Last Report
02/21/1995

4. FET Number
06-0992637

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE SD
NAME RIGGS, DOUGLAS A ☒ DELETE
STREET ADDRESS 18 WEIR FARMS RD
CITY-STATE-ZIP RIDGEFIELD CT

TITLE AS
NAME CORN, AMY C. ☒ DELETE
STREET ADDRESS 8 COLONIAL CT
CITY-STATE-ZIP NEW CANAAN CT

TITLE CD
NAME HARVEY, GEORGE B. ☒ DELETE
STREET ADDRESS 663 PONUS RIDGE RD.
CITY-STATE-ZIP NEW CANAAN CT

TITLE TD
NAME ADIMANDO, CARMINE F. ☒ DELETE
STREET ADDRESS 47 CHERRY GATE LN
CITY-STATE-ZIP TRUMBULL CT

TITLE PD
NAME BRESLAWSKY, MARC C. ☒ DELETE
STREET ADDRESS 51 ELEVEN O'CLOCK ROAD
CITY-STATE-ZIP WESTON CT

TITLE VPCF
NAME GARRISON, KAREN ☒ DELETE
STREET ADDRESS 100 DEERFIELD DR
CITY-STATE-ZIP EASTON CT

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / D ☐ Change ☒ Addition
1.2 NAME JOHN H. DUERDEN
1.3 STREET ADDRESS 476 SILVERMINE RD.
1.4 CITY-STATE-ZIP NEW CANAAN, CT 06840

2.1 TITLE VP, FINANCE / D ☐ Change ☒ Addition
2.2 NAME JOSEPH D. SKRZYPCZAK
2.3 STREET ADDRESS 13 KRISTY LANE
2.4 CITY-STATE-ZIP BETHEL, CT 06801

3.1 TITLE SECRETARY / D ☐ Change ☒ Addition
3.2 NAME DANIEL P. HART
3.3 STREET ADDRESS 17 WHITNEY STREET
3.4 CITY-STATE-ZIP WESTPORT, CT 06880

4.1 TITLE ASSISTANT SECRETARY ☐ Change ☒ Addition
4.2 NAME MICHAEL J. PRANDI
4.3 STREET ADDRESS 18 BEVERLY ROAD
4.4 CITY-STATE-ZIP TRUMBULL, CT 06611

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: MICHAEL J. PRANDI - ASST SECRETARY 4/4/96 381-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)