

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **843183** (5)
1. Corporation Name
DICTAPHONE CORPORATION (U.S.)



Principal Place of Business 3191 BROADBRIDGE AVENUE ONE ELMHURST CT STRATFORD CT 06497-2559 US	Mailing Address 3191 BROADBRIDGE AVE 010 CORPORATE TAY CT STRATFORD CT 06497-2559 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3191 BROADBRIDGE AVENUE Suite, Apt. #, etc. 22	2a. Mailing Address 26 3191 BROADBRIDGE AVENUE Suite, Apt. #, etc. 27
City & State 23 STRATFORD, CT Zip 24 06497-2559	City & State 28 STRATFORD, CT Zip 29 06497-2559
Country 25 U.S.	Country 30 U.S.

3. Date Incorporated or Qualified 05/04/1979	4. FEI Number 06-0992637	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <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 85 Zip Code FL
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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

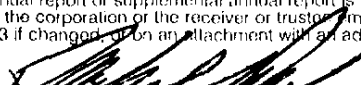
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	JOHN H DUERDEN
STREET ADDRESS	476 SILVERMINE RD
CITY-ST-ZIP	NEW CANAAN CT
TITLE	VPTD <input type="checkbox"/> DELETE
NAME	JOSEPH D SKRZYPCZAK
STREET ADDRESS	13 KRISTY LANE
CITY-ST-ZIP	BETHEL CT
TITLE	SD <input type="checkbox"/> DELETE
NAME	DANIEL P HART
STREET ADDRESS	17 WHITNEY STREET
CITY-ST-ZIP	WESTPORT CT
TITLE	S <input type="checkbox"/> DELETE
NAME	MICHAEL J PRANDI
STREET ADDRESS	18 BEVERLY ROAD
CITY-ST-ZIP	TRUMBULL CT
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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 4-30-98 203-381-7409

CR2E034 (10/97)