

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

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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 007 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **843183**

1. Corporation Name

DICTAPHONE CORPORATION



Principal Place of Business 3191 BROADBRIDGE AVE STRATFORD CT 06497-2559 US	Mailing Address 3191 BROADBRIDGE AVE STRATFORD CT 06497-2559 US
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DO NOT WRITE IN THIS SPACE

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 <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	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN H DUERDEN	1.2 NAME	
STREET ADDRESS	478 SILVERMINE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	1.4 CITY-ST-ZIP	
TITLE	VPTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH D SKRZYPCZAK	2.2 NAME	
STREET ADDRESS	13 KRISTY LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BETHEL CT	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIEL P HART	3.2 NAME	
STREET ADDRESS	17 WHITNEY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J PRANDI	4.2 NAME	
STREET ADDRESS	18 BEVERLY ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRUMBULL CT	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *George M. Carpenter* **GEORGE CARPENTER** 4-13-99 203-381-7409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)



Dictaphone Corporation
3191 Broadbridge Avenue
Stratford, CT 06497-2559
203.381.7000

553390-90026-7
843183

Dictaphone Corporation
FEIN # 06-0996237

(Unless otherwise noted the business address of all officers and directors will be the Stratford Corporate Headquarters address).

BOARD OF DIRECTORS:

	<u>Residence address</u>	<u>Social Security Number</u>
John H. Duerden Chairman, President and Chief Executive Officer	476 Silvermine Road New Canaan, CT 06018	045-54-8389
Albert J. Fitzgibbons, III	234 Taconic Road Greenwich, CT 06831	068-40-5199
Emil F. Jachmann	27925 Roble Blanco Los Altos Hills, CA 94022	107-36-8732
Alexis P. Michas	36 East 72 nd Street - Apt. 7 New York, NY 10021	022-58-7103
Scott M. Shaw	325 East 79 th Street - Apt. 7A New York, NY 10021	165-58-6078
Joseph D. Skrzypczak Sr. V.P. Chief Financial Officer	13 Kristy Lane Bethel, CT 06801	064-40-3977
Peter P. Tong	1701 Broadway # 210 Vancouver, WA 98663	338-36-9808

OFFICERS:

John H. Duerden Chairman, President and Chief Executive Officer	476 Silvermine Road New Canaan, CT 06018	045-54-8389
Daniel P. Hart Sr. V.P., General Counsel	17 Whitney Street Westport, CT 06880	212-82-7709
Ronald A. Elwell Sr.V.P., General Manager, CRS and International Operations	294 Orchard Hill Lane Fairfield, CT 06430	219-80-6497

Dictaphone

Dictaphone Corporation
3191 Broadbridge Avenue
Stratford, CT 06497-2559
203.381.7000

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Joseph J. Delaney
Sr.V.P. Customer Support

133 Martesia Way
Indian Harbour Beach, FL 32937

383-46-2934

Thomas C. Hodge
Sr.V.P. Manufacturing & Logistics

661 Nightingale Drive
Indiatlantic, FL 32903

411-74-4370

Robert G. Schwager
Sr. V.P. and General Manager
Voice Systems

38 Quarter Horse Drive
Monroe, CT 06468

390-60-6706

Joseph D. Skrzypczak
Chief Operating Officer
Chief Financial Officer

13 Kristy Lane
Bethel, CT 06801

064-40-3977

George M. Carpenter
Assistant Secretary

20 Gay Road
Ridgefield, CT 06877

061-40-5878