

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 854164 (1)

1. Corporation Name

DATA COMM LEASING CORPORATION



Principal Place of Business

Mailing Address

1579 STRAITS TURNPIKE  
MIDDLEBURY CT 06762-1299

1579 STRAITS TURNPIKE  
MIDDLEBURY CT 06762-1299

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/24/1982

3a. Date of Last Report

05/01/1995

4. FEI Number

06-0866987

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. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME JOHNSON, CHARLES P.  
STREET ADDRESS 1579 STRAITS TURNPIKE  
CITY-ST-ZIP MIDDLEBURY CT

TITLE VD ☐ DELETE

NAME LAWRENCE, WILLIAM S.  
STREET ADDRESS 1579 STRAITS TURNPIKE  
CITY-ST-ZIP MIDDLEBURY CT

TITLE SD ☐ DELETE

NAME MODLIN, HOWARD S.  
STREET ADDRESS 1579 STRAITS TURNPIKE  
CITY-ST-ZIP MIDDLEBURY CT

TITLE VT ☐ DELETE

NAME NESLER, DENNIS J.  
STREET ADDRESS 1579 STRAITS TURNPIKE  
CITY-ST-ZIP MIDDLEBURY CT

TITLE S ☐ DELETE

NAME ARCARA, JAMES R. (ASST)  
STREET ADDRESS 1579 STRAITS TURNPIKE  
CITY-ST-ZIP MIDDLEBURY CT

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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:

*Dennis J. Nesler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96  
Date

Daytime Phone #

CR2E034 (12/95)