

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90017 016 \*\*\*450.00

DOCUMENT # 854164

1. Corporation Name

DATACOMM LEASING CORPORATION

Principal Place of Business

1579 STRAITS TURNPIKE  
MIDDLEBURY CT 06762-1299

Mailing Address

1579 STRAITS TURNPIKE  
MIDDLEBURY CT 06762-1299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/24/1982

4. FEI Number

06-0866987

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE VP/CA ☐ Change ☒ Addition  
1.2 NAME Henry, William S.  
1.3 STREET ADDRESS 145 Sherwood Rd.  
1.4 CITY-ST-ZIP Ewton, Ct. 06614

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  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203 574-1118

X6814

CR2E034 (11/98)