

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
97 DEC 30 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000564



U C N - CLAY, LIMITED PARTNERSHIP

Mailing Address

226 WEST WALKER DRIVE
KEYSTONE HEIGHTS FL 32656

Principal Office Address

225 WEST WALKER DRIVE
KEYSTONE HEIGHTS FL 32656

3. Date Formed or Registered

03/06/1997

5a. Capital Contributions as
Shown on record

\$106,451.61

3a. Date of Last Report

INITIAL

5b. Amount of Capital
Contributions in FLORIDA
to date

106,451.61

4. State or Country of Formation

FL

6. FEI Number

59-3454030

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

124 WASHINGTON STREET

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 202

City & State

FOXBORO, MA

Zip

02035

Country

USA

City & State

Zip

Country

9. Name and Address of Current Registered Agent

HASWELL, JOHN H
211 NORTHEAST FIRST STREET
GAINESVILLE FL 32601

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1061 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

UTILICOM NETWORKS CLAY COUNT

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

225 WEST WALKER DRIVE
c/o UTILICOM NETWORKS, INC.
124 WASHINGTON ST.

11b. City, State & Zip Code

KEYSTONE HEIGHTS FL 3
FOXBORO, MA
02035

11c. Registration/
Document Number

F97000000889

6000002402166-3
-01/15/98-01108-000
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

JOHN VAN LUNING

DATE

Daytime Telephone Number

508 698 7018

CR2E003 (6/97)