

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

98 DEC 28 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000564

U C N - CLAY, LIMITED PARTNERSHIP

Mailing Address

Principal Office Address

C/O UTILICOM NETWORK, INC.  
124 WASHINGTON ST., #202  
FOXBORO MA 02035

225 WEST WALKER DRIVE  
KEYSTONE HEIGHTS FL 32650

3. Date Formed or Registered

03/06/1997

5a. Capital Contributions as  
Shown on record.

\$106,451.61

3a. Date of Last Report

12/30/1997

4. State or Country of Formation

FL

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

100,000.00

2. Mailing Address

124 GROVE ST.

2a. Principal Office Address

124 GROVE ST

Suite, Apt. #, etc.

SUITE 220

Suite, Apt. #, etc.

SUITE 220

City & State

FRANKLIN, MA.

City & State

FRANKLIN, MA.

Zip

Country

02038-3159

Zip

Country

02038-3159

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)

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 620.1051 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)

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

11b. City, State & Zip Code

11c. Registration/  
Document Number

UTILICOM NETWORKS CLAY COUNT

124 WASHINGTON ST.  
C/O UTILICOM NETWORKS  
124 GROVE ST.

FOXBORO MA 02035  
FRANKLIN, MA  
02038

F97000000889

300002749833--3  
-01/21/99--01072--021  
\*\*\*\*\*525.25 \*\*\*\*\*525.25

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

DATE

12/22/98

Typed or Printed Name of General Partner Signing Form

JOHN VAN LUNGE, CFO

Daytime Telephone Number

508-553-7018

CR2E003 (8/98)