Fol 000004335

TRANSMITTAL LETTER

TO: Registration Division of	Corporations	•		
SUBJECT:	Zoom	TELEPHONICS	T.,,	<i>2</i>
	(Nam	TELEPHONICS e of corporation - must include	le suffix)	
Dear Sir or Madam:				
The enclosed "Appli "Certificate of Existe to transact business i	ance, and check are	orporation for Authorization t submitted to register the abov	e referenced :	foreign corporation
		ing this matter to the followin	900 g:	0044696805 -08/16/0101013002 ***1150.00 ***1150.00
_ WILL	-IAN J	(Name of Person)		ETERTS of our other owners
200		(Name of Person)		-07/11/0101070004 *****70.00 *****70.00
		(Firm/Company)		
20	7 Sout	(Address)		<u>wal-16074</u>
Bos	STON	(City/State and Zip code)	2///	
For further informatio				
(Name of Per	TAKEY TN &	at (617) 75 3 (Area Code & Daytime	2093 Telephone Nu	ımber)
STREET ADDRESS: Registration Section Division of Corporatio, 409 E. Gaines St. Tallahassee, FL 32399 Enclosed is a check for	ns	MAILING AD Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	FILED O1 AUG 16 AM 9: 3 SECRETARY OF STATE TALLAHASSEE, FLORID.
S70.00 Filing Fee	☐ \$78.75 Filing F Certificate of	Fee & Status Status Status Certified Copy	C	7.50 Filing Fee, ertificate of Status & 8/16 ertified Copy



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

July 12, 2001

WILLIAM J TRACY JR 207 SOUTH ST. BOSTON, MA 02111

SUBJECT: ZOOM TELEPHONICS INC

Ref. Number: W01000016074

We have received your document for ZOOM TELEPHONICS INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1150.00.

Enclosed please find a copy of section 607.1501, 617.1501, or 608.502, Florida Statutes, which lists those activities that do not constitute transacting business into this state. If after reviewing this section you determine erroneous information was inserted on the application, a notarized affidavit containing the following information must be submitted: 1.) a statement indicating erroneous information was listed on the application; and 2.) the correct date the corporation began transacting business in Florida prior to the year the application was submitted didnot constitute transacting business pursuant to section 607.1501, 617.1501 or 608.502, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Michael Mays Document Specialist

Letter Number: 101A00041241

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1	700 m. TELEAUNINES IN THE STATE OF FLORIDA.	
1.	(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)	ar age on a september
2.	(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (FEI number, if applicable)	
	(State or country under the law of which it is incorporated) (FEI number, if applicable)	
4.	(Date of incorporation) 5. Perpetual (Duration: Year corp. will cease to exist or 'perpetual')	ag 5 = 1 = T
	(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")	
6.	(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")	<u> </u>
	(SEE SECTIONS 607.1301, 607.1302 and 817.135, F.S.)	
7.	207 SOUTH ST BOSTON MA 02/1/1 (Principal office address)	
	(Principal office address)	t t errom said (
	SAME (Current mailing address)	
	(Current mailing address) TECHNICAL PRODUCT SUPPORT (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable) Name: CT CORPORATION SYSTEM Fince Address: 1200 SOUTH PINE TSLIMB PA.	
OII	THE Address: 1200 SOUTH PINE ISLAND P.A.	
	PLANTA Trow Florida 33324 (City) (Zip code)	
Har desi furi	Registered agent's acceptance: wing been named as registered agent and to accept service of process for the above stated corporation at the place signated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. If there agree to comply with the provisions of all statutes relative to the proper and complete performance of my ties, and I am familiar with and accept the obligations of my position as registered agent.	

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

(Registered agent's signature)

LAUREN H. KREATZ,

SPECIAL ASSISTANT SECRETARY

12. Names and business addresses of officers and/or directors:

A. DIRECTO	RS								
Chairman:	FAAA	IK MI	TNNINE	<u> </u>	··· - T		an property .		, dia . A me
Address:	207	500	TH ST						
	B	STOW	MA		W state		Africa	- · ·	
Vice Chairman: _									
				- · · · · · · · · · · · · · · · · · · ·					
Director:	PETE	a KA	LAM ER			<u> </u>			· Latte
Address:	207	SOUTH	<u> 5T</u>	11.000) gis arross	
	Bo	STON	MA	· -	<u>*</u>		,		
Director:					· ^				<u> </u>
Address:				<u> </u>	<u> </u>		<u>.</u>		
				<u> </u>					•
B. OFFICERS				-		=			<u></u> .
President:	FRANK	MA	w/Nh				TS		
Address:	207	SOUTH	_ ST				ECRE		
	Bos	TON	MA				ASS		
Vice President:								> [1
Address:							STA	بة ر	<u>-</u>
							DE:	<u> </u>	
Secretary:									# ************************************
Address:	*		<u></u>	<u> , a a j</u> agan ja			· · · · · · · · · · · · · · · · · · ·		
Treasurer:	ROBERT	CKI	ST					-4.3	
Address:	207	SOUTH	<i>ST</i>	BOS 70.	v	MA			
NOTE: If necessa	iry, you may attac	h an addendun	n to the appl	ication listing a	additiona	l officers ar	ıd/or direct	ors.	
13(Si	gnature of Chair	man Vice Chai	irman lar all	- -			7-3	-01	
14.	Rana of Chair	AT CA	aman, or an	y officer listed	in numbe	er 12 of the	application	1)	7 JE .
[-].	(Typed or p	rinted name an	d capacity o	f person signin	g applica	tion)	<u> </u>		<u> </u>

State of Delaware Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ZOOM TELEPHONICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JUNE, A.D. 2001.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

O1 AUG 16 M 9:31
SECRETARY OF STATE
TALL AHASSEF ELORIDA



2330292 8300

010308473

Darriet Smith Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1212928

DATE: 06-26-01