2002 UNIFORM BUSINESS REPORT (UBR) F01000004335 DOCUMENT # 1. Entity Name ZOOM TELEPHONICS INC.

FILED Sep 08, 2002 8:00 am Secretary of State 09-08-2002 90123 035 ***550.00

					•	'						
Principal Plac	ce of Busines	ss	Mailing Address									
207 SOUTH ST. BOSTON MA 02111			207 SOUTH ST. Boston Ma 02111									
	42								68 111 6 1411 54			
2. Principal Place of Business			3. Mailing Address									
Suite, Apt., #_etc			Suite, Apt. #_etc.					DO.NOTW	RITE IN TH	JIS,SPA	ACE	·
City & State			City & State			4.	FEI Number	04-262150)6		\vdash	pplied For
Zip		Country	Zip	Count	try	5.	Certificate of	Status Desired	ı 🗆		3.75 Ac e Requir	
	6. Name	e and Address of Current Re	egistered Agent			7.	Name and A	ddress of New	Registere		•	99
					Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)								
PLANTATION FL 33324												
1			City						F	FL	Zip Cod	de
8. The above	named entit	ly submits this statement for t	he purpose of changing its	registere	ed office or regis	stered ac	gent, or both,	in the State of	Florida. La	am fam	niliar with	, and accept
	J	J										
SIGNATURE	Signature, typed	for printed name of registered agent and	d title if applicable. (NOTE	Registered	d Agent signature requ	uired when r	reinstating)		DAT	TE .		
9. This corpo	oration.is.elig	ible to satisfy its Intangible_	FILE NOW!	!!-FEE	IS \$550.00)						
Tax filing requirement and elects to do so. (See criteria on back)			After September 13, 2002 Fee will be \$750 Make Check Payable to Department of Sta					55 C 555 5 5 5 5 1	DODOIDO			
_		_		, 2002 F	Fee will be \$7			on Campaign I Fund Contribu				00 May Be d to Fees
_	ria on back)	_	Make Check Payeb	, 2002 F	Fee will be \$7	State	Trust		tion.		Ådde	d to Fees
(See criter	PCD	OFFICERS AND DI	Make Check Payab	, 2002 le to De 12.	Fee will be \$79 epartment of 5	State	Trust	Fund Contribu	tion.	ND DI	Ådde	d to Fees
(See criter	PCD MANNINK	OFFICERS AND DI	Make Check Payeb	12.	Fee will be \$79 epartment of 5	State	Trust	Fund Contribu	tion.	ND DI	Adde	d to Fees
(See criter 11. TITLE NAME	PCD	OFFICERS AND DI	Make Check Payeb	, 2002 File to De 12. TITLE NAME STREE	Fee will be \$79 epartment of \$	State	Trust	Fund Contribu	tion.	ND DI	Adde	d to Fees
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCD MANNINK 207 SOU BOSTON	OFFICERS AND DI K, FRANK TH ST. MA	Make Check Payeb	12. TITLE NAME STREE CITY-	Fee will be \$75 epartment of \$ ET ADDRESS -ST-ZIP	State	Trust	Fund Contribu	tion.	/ND DI	Adde	d to Fees
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PCD MANNINK 207 SOU BOSTON T CRIST, RO	OFFICERS AND DI	Make Check Payab	12. TITLE NAME STREE CITY- TITLE NAME	Fee will be \$75 epartment of \$ ET ADDRESS -ST-ZIP	State	Trust	Fund Contribu	tion.	/ND DI	Adde RECTOF	d to Fees
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCD MANNINK 207 SOU BOSTON	OFFICERS AND DI	Make Check Payab	, 2002 le to De le	Fee will be \$75 epartment of \$ ET ADDRESS -ST-ZIP	State	Trust	Fund Contribu	tion.	/ND DI	Adde RECTOF	d to Fees
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PCD MANNINK 207 SOU BOSTON T CRIST, RG 207 SOU	OFFICERS AND DI	Make Check Payab	, 2002 le to De le	Fee will be \$7's epartment of \$ ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	State	Trust	Fund Contribu	tion.	AND DI	Adde RECTOF	d to Fees
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER,	OFFICERS AND DI K, FRANK TH ST. MA OBERT TH ST. MA PETER	Make Check Payab	, 2002 I le to De le	Fee will be \$7' epartment of \$ ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	State	Trust	Fund Contribu	tion.	AND DI	Adde RECTOF Change Change	d to Fees SIN 11 Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab	, 2002 I to Dele to De	Fee will be \$7' epartment of \$ ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	State	Trust	Fund Contribu	tion.	AND DI	Adde RECTOF Change Change	d to Fees SIN 11 Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER,	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab	, 2002 I to Dele to De	et address -st-zip -st-address -st-zip -st-address -st-zip -st-zip -st-address -st-zip	State	Trust	Fund Contribu	tion.	AND DI	Adde RECTOF Change Change Change	d to Fees IS IN 11 Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab	, 2002 I le to De le	et address -st-zip -st-address -st-zip -st-zip -st-zip -st-zip	State	Trust	Fund Contribu	tion.	AND DI	Adde RECTOF Change Change	d to Fees SIN 11 Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab	, 2002 I le to De le	ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	State	Trust	Fund Contribu	tion.	AND DI	Adde RECTOF Change Change Change	d to Fees IS IN 11 Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab RECTORS	, 2002 I le to De 12. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME CITY- TITLE NAME CITY-	Fee will be \$7' epartment of \$ ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	State	Trust	Fund Contribu	tion.	C C	Adde RECTOF Change Change Change	d to Fees IS IN 11 Addition Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab	, 2002 I le to De le	Fee will be \$7' epartment of \$ ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	State	Trust	Fund Contribu	tion.	C C	Adde RECTOF Change Change Change	d to Fees IS IN 11 Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab RECTORS	, 2002 I 12. TITLE NAME STREE CITY-	Fee will be \$7' Expartment of \$ ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	State	Trust	Fund Contribu	tion.	C C	Adde RECTOF Change Change Change	d to Fees IS IN 11 Addition Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab RECTORS	2002 I TELE NAME STREE CITY-TITLE NAME STREE	ET ADDRESS ST-ZIP	State	Trust	Fund Contribu	tion.		Adde RECTOF Change Change Change Change	d to Fees SIN 11 Addition Addition Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab RECTORS	, 2002 I TELE NAME STREE CITY- TITLE	Fee will be \$7' epartment of \$ ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	State	Trust	Fund Contribu	tion.		Adde RECTOF Change Change Change	d to Fees IS IN 11 Addition Addition Addition
(See criter 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD MANNINK 207 SOU BOSTON T CRIST, RO 207 SOU BOSTON D KRAMER, 207 SOU	OFFICERS AND DI K, FRANK TH ST. MA OBERTI TH ST. MA PETER TH ST.	Make Check Payab RECTORS	, 2002 I TELE NAME STREE CITY- TITLE NAME STREE CITY-	Fee will be \$7' epartment of \$ ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	State	Trust	Fund Contribu	tion.		Adde RECTOF Change Change Change Change	d to Fees SIN 11 Addition Addition Addition Addition

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale

Daytime Phone #