

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**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90211 040 \*\*\*158.75

**DOCUMENT # F78308**

1. Corporation Name

**TELAIR NETWORK, INC.**

Principal Place of Business

**ONE HERALD PLAZA  
MIAMI FL 33132**

Mailing Address

**ONE HERALD PLAZA  
MIAMI FL 33132**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/28/1982**

4. FEI Number

**59-2260053**

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

9. Name and Address of Current Registered Agent

**HARRIS, DOUGLAS C  
ONE HERALD PLAZA  
MIAMI FL 33132**

10. Name and Address of New Registered Agent

81 Name **CT CORPORATION**  
82 Street Address **1200 SO PINE ISLAND ROAD**  
83 City **PLANTATION** FL 85 Zip Code **33324**

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.

**BARBARA A. BURKE**

**SPECIAL ASSISTANT SECRETARY**

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

☐ DELETE

TITLE **VT**  
NAME **JONES, ROSS**  
STREET ADDRESS **ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **AT**  
NAME **SILVERGLAT, ALAN**  
STREET ADDRESS **ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **AT**  
NAME **EFFREN, GARY**  
STREET ADDRESS **ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **S**  
NAME **HARRIS, DOUGLASS C**  
STREET ADDRESS **ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **AVP**  
NAME **PRYOR, BRENDA R**  
STREET ADDRESS **ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **AS**  
NAME **RODRIGUEZ, AIDA**  
STREET ADDRESS **ONE HERALD PLAZA**  
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS **50 W. SAN FERNANDO ST**  
1.4 CITY-ST-ZIP **SAN JOSE, CA 95113**

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS **50 W. SAN FERNANDO ST.**  
2.4 CITY-ST-ZIP **SAN JOSE, CA 95113**

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS **50 W. SAN FERNANDO ST.**  
3.4 CITY-ST-ZIP **SAN JOSE, CA 95113**

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS **S LAFPOON, POIK**  
4.4 CITY-ST-ZIP **50 W. SAN FERNANDO ST.**  
**SAN JOSE, CA 95113**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS **AVP**  
5.4 CITY-ST-ZIP **HAUSWIRTH, Lynda**  
**50 W SAN FERNANDO ST.**  
**SAN JOSE, CA 95113**

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS **P**  
6.4 CITY-ST-ZIP **Ridder, Anthony P.**  
**50 W. SAN FERNANDO ST.**  
**SAN JOSE, CA 95113**

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

**Lynda Hauswirth**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

408-938-7745

Date

Daytime Phone #

CR2E034 (1/98)

0191590