FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F93000003577 (4)**

1. Corporation Name
ROTADATA TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
890 NORTHERN WAY SUITE F WINTER SPRINGS FL 32708 US	890 NORTHERN WAY SUITE F WINTER SPRINGS FL 32708 US

3. Date Incorporated or Qualified: **07/30/1993**
3a. Date of Last Report: **01/25/1995**
4. FEI Number: **31-1002633** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 — Country 25	Zip 29 — Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer	
TITLE	CDP	☐ DELETE
NAME	TAYLOR, JOHN	
STREET ADDRESS	BATEMAN ST., DERBY DE3 3JK	
CITY-ST-ZIP	ENGLAND	
TITLE	VPDT	☐ DELETE
NAME	YORKE, ROBERT A	
STREET ADDRESS	BATEMAN ST., DERBY DE3 8JK	
CITY-ST-ZIP	ENGLAND	
TITLE	DVP	☐ DELETE
NAME	EDMUNDSON, BRIAN H	
STREET ADDRESS	BATEMAN ST., DERBY DE3 8JK	
CITY-ST-ZIP	ENGLAND	
TITLE	S	☐ DELETE
NAME	KOHLHEPP, WILLIAM G	
STREET ADDRESS	1200 CAREW TOWER	
CITY-ST-ZIP	CINCINNATI OH 45202	
TITLE	VP	☐ DELETE
NAME	WOODRUFF, BILL	
STREET ADDRESS	890 NORTHERN WAY, SUITE F	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. 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 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.

SIGNATURE: [signature] WILLIAM WOODRUFF — 7 FEB 96 — 407-365-1053
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #