## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

1 BLUE HILL PLAZA

PEARL RIVER NY 10965-3104

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

1 BLUE HILL PLAZA

PEARL RIVER NY 10965



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 29 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # F9300005569 (9)

LONG DISTANCE DIRECT, INC.

appears in Block 12 or Block 13

SIGNATURE:

12/08/1993 04/02/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13-3644922 26 Not Applicable 21 Suite, Apt. #, etc. **\$8.75** Additional Suite Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Country 8. This corporation has liability for intangible fax under s. 199.032, Florida Statutes Yes No Zio Country Yes Florida Statutes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 City 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 Fiorita. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) bignature, typical or printed name of regions of diagens as a the diagramatic OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. DELETE ☐ Change Addition PCVD 1.1 TITLE THE LAMPERT, STEVEN 1.2 NAME NAME 1 BLUE HILL PLAZA 1.3 STREET ADDRESS STEEL LAIFORESS PEARL RIVER NY 1.4 CITY - ST- ZIP CHY-ST ZIP DELETE ☐ Change Addition VST 2.1 TITLE TITLE PRESTON, MICHAEL 2.2 NAME MAME 1 BLUE HILL PLAZA 2.3 STREET ADDRESS STREET ADORESS PEARL RIVER NY 2.4 CITY-SY-ZIP CHY ST-76 DELETE Change Addition 31 TITLE 1tft f NAME 3.2 NAME **33 STREET ADDRESS** STREET ATORESS 34 CITY-ST-ZIP CITY: \$1:76 DELETE Change Addition 41 TITLE TILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADOPESS 4.4 CITY - ST- ZIP City - St - Zie DELETE Change Addition 5.1 TITLE HILE 5.2 NAME NAM: 5.9 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZiP DITY ST-2IP Change □ DELETE Addition 6.1 TITLE TRUE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ACURERS 64 CITY-ST-ZIP CI1Y - S1-7IP 14. I do 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 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