FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:30

DOCUMENT # **F94000000840 (8)**

1. Corporation Name
CENTIGRAM COMMUNICATIONS CORPORATION

Principal Place of Business	Mailing Address
91 EAST TASMAN DRIVE SAN JOSE CA 95134	91 EAST TASMAN DRIVE SAN JOSE CA 95134

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/21/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (20):

4. FEI Number: 94-2418021 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23):
City & State (28):

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25):
Zip (29): Country (30):

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SOLLMAN, GEORGE	1.2 NAME		
STREET ADDRESS	91 EAST TASMAN DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	1.4 CITY-ST-ZIP		
TITLE	VAS	2.1 TITLE		☐ Change ☐ Addition
NAME	MULLER, ANTHONY	2.2 NAME		
STREET ADDRESS	91 EAST TASMAN DR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	NUGENT, ROBERT	3.2 NAME	Weinstein, David	
STREET ADDRESS	91 EAST TASMAN DR.	3.3 STREET ADDRESS	91 E. Tasman Dr.	
CITY-ST-ZIP	SAN JOSE CA	3.4 CITY-ST-ZIP	San Jose CA 95134	
TITLE	V	4.1 TITLE	V	☒ Change ☐ Addition
NAME	YOON, PETER	4.2 NAME	Brahm, David	
STREET ADDRESS	91 EAST TASMAN DR.	4.3 STREET ADDRESS	91 E. Tasman Dr	
CITY-ST-ZIP	SAN JOSE CA	4.4 CITY-ST-ZIP	San Jose, CA 95134	
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	BERNEY, CARL L	5.2 NAME		
STREET ADDRESS	91 EAST TASMAN DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	CUGGINO, MARGARET	6.2 NAME		
STREET ADDRESS	91 EAST TASMAN DR.	6.3 STREET ADDRESS		
CITY-ST-ZIP	SAN JOSE CA	6.4 CITY-ST-ZIP		

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)(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 added by this report with an address.

SIGNATURE: _____ 1-24-95 408-428-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0480310 FP