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Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 95134-1618

3. Date incorporated or Qualified

02/21/1994

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

94-2418021

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOLLMAN, GEORGE	
STREET ADDRESS	91 EAST TASMAN DR.	
CITY - ST - ZIP	SAN JOSE CA	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	MULLER, ANTHONY	
STREET ADDRESS	91 EAST TASMAN DR.	
CITY - ST - ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRUNTON, THOMAS	
STREET ADDRESS	91 E TASMAN	
CITY - ST - ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAHM, DAVID	
STREET ADDRESS	91 E TASMAN DR	
CITY - ST - ZIP	SAN JOSE CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERNEY, CARL L	
STREET ADDRESS	91 EAST TASMAN DR.	
CITY - ST - ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARSEMA, DENNIS	
STREET ADDRESS	91 E TASMAN DR	
CITY - ST - ZIP	SAN JOSE CA	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CPO
2.3 STREET ADDRESS	Dennis P. Wolf
2.4 CITY - ST - ZIP	91 E. TASMAN DR
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0506768

CR2E034 (9/96)