

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUN -2 PM 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001327 (5)

1. Corporation Name

CROSSCOM CORPORATION

Principal Place of Business

450 DONALD LYNCH BLVD.  
MARLBOROUGH MA 01752

Mailing Address

450 DONALD LYNCH BLVD.  
MARLBOROUGH MA 01752-4714

3. Date Incorporated or Qualified

03/15/1994

3a. Date of Last Report

10/21/1996

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

29

30

4. FEI Number

52-1513201

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM	
STREET ADDRESS	450 DONALD LYNCH BLVD.	
CITY-ST-ZIP	MARLBOROUGH MA	
TITLE	SVPO	<input checked="" type="checkbox"/> DELETE
NAME	BEASON, STEVEN	
STREET ADDRESS	450 DONALD LYNCH BLVD.	
CITY-ST-ZIP	MARLBOROUGH MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROSSETTI, PHILIP	
STREET ADDRESS	450 DONALD LYNCH BLVD.	
CITY-ST-ZIP	MARLBOROUGH MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITKOWICZ, TADEUSZ	
STREET ADDRESS	450 DONALD LYNCH BLVD.	
CITY-ST-ZIP	MARLBOROUGH MA 01752	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRYANT, DOUGLAS G	
STREET ADDRESS	450 DONALD LYNCH BLVD.	
CITY-ST-ZIP	MARLBOROUGH MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASEY, NANCY	
STREET ADDRESS	535 MADISON AVE., 37TH FL	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NIGEL MACHIN	
1.3 STREET ADDRESS	450 DONALD LYNCH BLVD	
1.4 CITY-ST-ZIP	MARLBOROUGH MA 01752	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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: *Douglas G. Bryant*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/19/97 508 229 5160  
Date Daytime Phone #

CR2E034 (9/96)