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 JAN 31 AM 9:13

DOCUMENT # **F94000001748 (2)**

1. Corporation Name
DATA COMM SYSTEMS, INC.

Principal Place of Business	Mailing Address
2 FREDERICK STREET FRAMINGHAM MA 01701	2 FREDERICK STREET FRAMINGHAM MA 01701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/06/1994
3a. Date of Last Report:

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 04-2757370 ☐ 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. 199.052, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PAPPAS, CONSTANTINE
1690 SABAL PALM DRIVE
P.O. BOX 1519
SANIBEL FL 33957-1519

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	PSD	11 TITLE	PSD	☒ Change ☐ Addition
NAME	PAPPAS, CHRISTOPHER	12 NAME	PAPPAS, CHRISTOPHER	
STREET ADDRESS	1 BIRCHMEADOW CIRCLE	13 STREET ADDRESS	21 PENDULUM PASS	
CITY-ST-ZIP	FRAMINGHAM MA 01701	14 CITY-ST-ZIP	HOPKINTON, MA 01748	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	HUNDLEY, KIRK	22 NAME		
STREET ADDRESS	8 HARRIS ROAD	23 STREET ADDRESS		
CITY-ST-ZIP	SOUTHBORO MA 01772	24 CITY-ST-ZIP		
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	PAPPAS, CONSTANTINE	32 NAME		
STREET ADDRESS	1690 SABAL PALM DRIVE (POB 1519)	33 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957-1519	34 CITY-ST-ZIP		
TITLE	VCD	41 TITLE		☐ Change ☐ Addition
NAME	PAPPAS, PENELOPE	42 NAME		
STREET ADDRESS	1690 SABAL PALM DRIVE (POB 1519)	43 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957-1519	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 on an attachment with an addition.

SIGNATURE: _____ 1/24/95 (508) 620-1800
SIGNATURE AND TYPED OR PRINTED NAME OF ADDING OFFICER OR DIRECTOR — Date — Daytime Phone #
KIRK HUNDLEY, TD

0473330 FP