FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000001748 (2)**

1. Corporation Name

DATA COMM SYSTEMS, INC.

Principal Place of Business

2 FREDERICK STREET
FRAMINGHAM MA 01701

Mailing Address

2 FREDERICK STREET
FRAMINGHAM MA 01701

3. Date Incorporated or Qualified: 04/06/1994

3a. Date of Last Report: 01/31/1995

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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 135 NEWBURY STREET
22 Suite, Apt. #, etc.
23 FRAMINGHAM, MA
24 Zip: 01701
25 County

2a. Mailing Address

26 135 NEWBURY STREET
27 Suite, Apt. #, etc.
28 FRAMINGHAM, MA
29 Zip: 01701
30 County

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 Section 607.0505 and 607.1505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or its 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: Registered Agent Signature Required for Filing — DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☐ DIRECTOR
NAME	PAPPAS, CHRISTOPHER	
STREET ADDRESS	21 PENDULUM PASS	
CITY, ST, ZIP	HOPKINTON MA	
TITLE	TD	☐ DIRECTOR
NAME	HUNDLEY, KIRK	
STREET ADDRESS	8 HARRIS ROAD	
CITY, ST, ZIP	SOUTHBORO MA 01772	
TITLE	CD	☐ DIRECTOR
NAME	PAPPAS, CONSTANTINE	
STREET ADDRESS	1690 SABAL PALM DRIVE (POB 1519)	
CITY, ST, ZIP	SANIBEL FL 33957-1519	
TITLE	VCD	☒ DIRECTOR
NAME	PAPPAS, PENELOPE	
STREET ADDRESS	1690 SABAL PALM DRIVE (POB 1519)	
CITY, ST, ZIP	SANIBEL FL 33957-1519	
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ DIRECTOR
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY, ST, ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY, ST, ZIP		
3 TITLE		☐ Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY, ST, ZIP		
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY, ST, ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY, ST, ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY, ST, ZIP		

CR2E034 (12/95)

14. I hereby certify that the information indicated on this 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 a receiver or other person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with changes, if any, clearly indicated.

SIGNATURE: 11-9/96 (508) 620-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIRK HUNDLEY, TD

Date — Daytime Phone