

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

FILED

96 SEP 16 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000004604 (4)

1. Corporation Name

EMERGENCY COMMUNICATION INC.

96 AR



Principal Place of Business

Mailing Address

130 PERINTON PARKWAY
FAIRPORT NY 14450

130 PERINTON PARKWAY
FAIRPORT NY 14450

3. Date Incorporated or Qualified
09/06/1994

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

29 Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT 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 title of applicable

(NOTE: Registered Agent's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V
NAME BRENT, ARTHUR C.
STREET ADDRESS 190 LINDEN OAKS, SUITE B
CITY-ST-ZIP ROCHESTER NY

11 TITLE PRESIDENT
12 NAME KARL H. KOSTUSIAL
13 STREET ADDRESS 130 PERINTON PKWY
14 CITY-ST-ZIP FAIRPORT, NY 14450

TITLE D
NAME LEDERER, DAVID B
STREET ADDRESS 130 PERINTON PARKWAY
CITY-ST-ZIP FAIRPORT NY 14450

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE S
NAME BURDSALL, JOAN M
STREET ADDRESS 190 LINDEN OAKS, SUITE B
CITY-ST-ZIP ROCHESTER NY 14825

31 TITLE SECRETARY
32 NAME BETTY L. GREEN
33 STREET ADDRESS 130 PERINTON PKWY.
34 CITY-ST-ZIP FAIRPORT NY 14450

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
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)(a), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ella D. Samsen, CONTROLLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

(716) 223-4060