

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F94000004820 (6)**

1. Corporation Name

**DATA TRANSMISSION SERVICES, INC.**



Principal Place of Business

Mailing Address

**10 WOODBRIDGE CENTER DR.. #1050  
WOODBRIDGE NJ 07095**

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WOODBRIDGE NJ 07095**

3. Date Incorporated or Qualified  
**09/16/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

4. FEI Number

**22-2911871**

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

**UNITED CORPORATE SERVICES, INC.  
801 NE 167TH ST., #300  
NORTH MIAMI BEACH FL 33162**

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 ☐ DELETE  
NAME **P LANSEY, ROBERT M**  
STREET ADDRESS **17 MARSHALL DR.**  
CITY-ST-ZIP **EDISON NJ 08817**

TITLE ☐ DELETE  
NAME **S TANSEY, J S**  
STREET ADDRESS **9 RIDGE DR.**  
CITY-ST-ZIP **BERKELEY HEIGHTS NJ 07922**

TITLE ☐ DELETE  
NAME **DC KULUKUNDIS, M M**  
STREET ADDRESS **7 W. 54TH ST.**  
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ DELETE  
NAME **DT KATSOURI, J.**  
STREET ADDRESS **10 1WOODBRIDGE CENTER DRIVE**  
CITY-ST-ZIP **WOODBRIDGE NJ**

TITLE ☐ DELETE  
NAME **D Couloucoundis, Anthony**  
STREET ADDRESS **7 West 54th Street**  
CITY-ST-ZIP **New York, NY 10019**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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:

*J. Scott Tansey*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*J. Scott Tansey*

4/29/96 908 602-1144  
Date Daytime Phone #

CR2E034 (12/95)