

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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 10 WOODBRIDGE CENTER DR., #1050
WOODBIDGE NJ 07095 WOODBRIDGE NJ 07095-1106

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 730 27 730
23 City & State 28 City & State
24 Zip 25 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 09/16/1994 3a. Date of Last Report 05/01/1996
4. FEI Number 22-2911871 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 10. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 81 Name
801 NE 167TH ST., #300 82 Street Address (P.O. Box Number is Not Acceptable)
NORTH MIAMI BEACH FL 33162 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANSEY, ROBERT M	1.2 NAME	
STREET ADDRESS	17 MARSHALL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ 08817	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANSEY, J S	2.2 NAME	
STREET ADDRESS	9 RIDGE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BERKELEY HEIGHTS NJ 07822	2.4 CITY-ST-ZIP	
TITLE	OC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULUKUNDIS, M M	3.2 NAME	
STREET ADDRESS	7 W. 54TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATSOURI, J.	4.2 NAME	Katsouris, J
STREET ADDRESS	10 WOODBRIDGE CENTER DRIVE	4.3 STREET ADDRESS	10 Woodbridge Center Drive
CITY-ST-ZIP	WOODBIDGE NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COULOUKOUNDIS, ANTHONY	5.2 NAME	Couloukoundis, Anthony
STREET ADDRESS	7 WEST 54TH ST	5.3 STREET ADDRESS	New York, NY 10019
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert M. Lansey 4/22/97 908-602-1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)