

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

55 MAY 10 PM 2:35

DOCUMENT # F94000005308 (1)

1. Corporation Name

ALD COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

1660 S. AMPHLETT BLVD., #330
SAN MATEO CA 94402

1660 S. AMPHLETT BLVD., #330
SAN MATEO CA 94402

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/12/1994

3a. Date of Last Report

07/03/1995

4. FEI Number

94-3129848

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

000001821380
-05/15/96--01002--013
***225.00 FL ***225.00

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 of person authorized to sign this report as required by Chapter 607, Florida Statutes.

Signature of person authorized to sign this report as required by Chapter 607, Florida Statutes.

DATE

12. OFFICERS AND DIRECTORS

TITLE

P

KLAPPER, LEON

900 MURPHY DR.

SAN MATEO CA 94402

☐ DELETE

TITLE

V

BERGEVIN, ANNETTE

316 WAVERLEY

PALO ALTO CA 94301

☐ DELETE

TITLE

COO

STURTEVANT, JIM

1815 OAK KNOLL RD.

BELMONT CA 94002

☐ DELETE

TITLE

CEO

HERMAN, EDWARD

351 FRANKLIN ST.

SAN MATEO CA 94402

☐ DELETE

TITLE

VP

LUIS AGUILAR

514 MIDDLESEX

BELMONT CA 94002

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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, unchanged, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)