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Feb 06 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 # F94000005308 (1)

1. Corporation Name
ALD COMMUNICATIONS, INC.

Principal Place of Business
1660 S. AMPHLETT BLVD., #330
SAN MATEO CA 94402

Mailing Address
1660 S. AMPHLETT BLVD., #330
SAN MATEO CA 94402-2509



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 425 S. WOODS MILL RD.

22 City & State

27 SUITE 300
TOWN & COUNTRY, MD

23 Zip

Country

28 Zip

Country

24

25

29

63017-3441

30

USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/12/1994

3a. Date of Last Report

05/10/1996

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	P	<input checked="" type="checkbox"/> DELETE
NAME	KLAPPER, LEON	
STREET ADDRESS	900 MURPHY DR.	
CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BERGEVIN, ANNETTE	
STREET ADDRESS	316 WAYERLEY	
CITY-ST-ZIP	PALO ALTO CA 94301	
TITLE	COO	<input checked="" type="checkbox"/> DELETE
NAME	STURTEVANT, JIM	
STREET ADDRESS	1815 OAK KNOLL RD.	
CITY-ST-ZIP	BELMONT CA 94002	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	HERMAN, EDWARD	
STREET ADDRESS	351 FRANKLIN ST.	
CITY-ST-ZIP	SAN MATEO CA 94402	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	AGUILAR, LUIS	
STREET ADDRESS	514 MIDDLESEX	
CITY-ST-ZIP	BELMONT CA 94002	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	YOUNG, DONALD C.	
1.3 STREET ADDRESS	7 WILLOWHURST DR.	
1.4 CITY-ST-ZIP	SOUTH BARRINGTON, IL. 60010	
2.1 TITLE	CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALLEN, JAMES L.	
2.3 STREET ADDRESS	16636 CAULKS RIDGE	
2.4 CITY-ST-ZIP	CHESTERFIELD, MO 63005	
3.1 TITLE	EXEC. V.P. CORP. DEVELOPMENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SHAPLEIGH, JOHN C.	
3.3 STREET ADDRESS	440 S. PRICE RD.	
3.4 CITY-ST-ZIP	ST. LOUIS, MO 63124	
4.1 TITLE	EXEC. V.P., CFO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SOLOMAN, DAVID	
4.3 STREET ADDRESS	241 FOX CHAPEL LN.	
4.4 CITY-ST-ZIP	CHESTERFIELD, MO 63005	
5.1 TITLE	V.P., CONTROLLER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PERKINS, DENNIS	
5.3 STREET ADDRESS	1125 WOODHURST LN.	
5.4 CITY-ST-ZIP	CHESTERFIELD, MO 63017	
6.1 TITLE	V.P., TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GIBSON, MICHAEL E.	
6.3 STREET ADDRESS	645 AMBERWOOD LN.	
6.4 CITY-ST-ZIP	MANCHESTER, MO 63021	

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-97

(314) 878-1616

Daytime Phone #

CR2E034 (9/96)