

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90022 011 \*\*\*150.00

DOCUMENT # F94000005734

1. Corporation Name

FLASH COMM, INC.

TERION, INC.

Principal Place of Business

300 A 1 NORTH DRIVE  
MELBOURNE FL 32934  
US

Mailing Address

300 A 1 NORTH DRIVE  
MELBOURNE FL 32934  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/04/1994

4. FEI Number

59-3270837

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 owes the current year Intangible  
Personal Property Tax.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 D ☐ DELETE

NAME MULLINS, J. DOUGLAS  
STREET ADDRESS 1901 S. HARBOR CITY BLVD.  
CITY-ST-ZIP MELBOURNE FL 32901

TITLE D ☒ DELETE

NAME SLACK, JOHN L  
STREET ADDRESS 1200 S. WOODY BURKE ROAD  
CITY-ST-ZIP MELBOURNE FL 32902

TITLE CEO ☐ DELETE

NAME SCOTT, TERRY L  
STREET ADDRESS 300 A-1 NORTH DRIVE  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE P ☐ DELETE

NAME REINER, JOHN C  
STREET ADDRESS 300 A-1 NORTH DRIVE  
CITY-ST-ZIP MELBOURNE FL 32934

TITLE D ☒ DELETE

NAME GRUBBS, W. ANDREW  
STREET ADDRESS 500 OLD GREENSBOROUGH ROAD  
CITY-ST-ZIP CHAPEL HILL NC 27516

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D SHAW, JAMES  
1.2 NAME  
1.3 STREET ADDRESS 1200 South Woody Burke Road  
1.4 CITY-ST-ZIP Melbourne, FL 32902

2.1 TITLE

D HISLOP, JAMES  
2.2 NAME  
2.3 STREET ADDRESS 399 Park Ave., 36th Floor  
2.4 CITY-ST-ZIP New York, NY 10022

3.1 TITLE

D FUSTER, ALEXANDER  
3.2 NAME  
3.3 STREET ADDRESS 399 Park Ave., 36th Floor  
3.4 CITY-ST-ZIP New York, NY 10022

4.1 TITLE

D DIEFENBAKER, THOMAS  
4.2 NAME  
4.3 STREET ADDRESS 13400 West Outer Drive  
4.4 CITY-ST-ZIP Detroit, MI 48239

5.1 TITLE

VP GIBSON, RAYMOND O.  
5.2 NAME  
5.3 STREET ADDRESS 300 A-1 North Drive  
5.4 CITY-ST-ZIP Melbourne, FL 32934

6.1 TITLE

CFO ARMSTRONG, FRANK A  
6.2 NAME  
6.3 STREET ADDRESS 300 A-1 North Drive  
6.4 CITY-ST-ZIP Melbourne, FL 32934

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/99

Date

407-752-3000

Daytime Phone #

CR2E034 (11/98)