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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS

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			1	9	9	6		

DOCUMENT # 1. Corporation Name	F95000001098 (1)							
INTELLICOM SOLUTIONS, INC.								
Principal Place of Business	Mailing Address							
411 EAGLEVIEW BLVD. EXTON PA 19341	411 EAGLEVIEW BLVD. EXTON PA 18341							



						3. Date Incorporated or Qualified	3a. Date	of Las	st Report		
2. Principal Pla	on of Queinocc	2a Malina Adaliana				03/08/1995 4. FEI Number	<u> </u>				
21 21	de di Dusiness	2a. Mailing Address				4. FEI Number 23-2785521		-	Applied For		
Suite, Apt. #	, etc.	Suite, Apt. #, etc.						É D	Not Applicable 75 Additional		
22		27				5. Certificate of Status Desired		,	# 3 Additional se Required		
City & State		City & State				6. Election Campaign Financing			.00 May Be		
23		28				Trust Fund Contribution			Ided to Fees		
2(p)	Country	Zip		intry		8. This corporation has liability for i		unde	rs 199.032,		
<u> </u>	25 9. Name and Address of Curre	29 29 Agent	30	Γ		Florida Statutes Yes 10. Name and Address of New R		1			
				81	Name	TO. Harrie and Address of New A	oğistereti H	Geni			
THE PRI	ENTICE HALL CORPORATION :	SYSTEM INC									
	LORIDA BANK BLDG., #420	STOTEM, MC.		82	Street Ac	treet Address (P.O. Box Number is Not Acceptable)					
	ASSEE FL 32301			83	· · · · · · · · · · · · · · · · · · ·						
							·····	, ,			
				64	City		FI	85	Zip Code		
e registero	o the provisions of Sections 607.050/ d agent, or both, in the State of Flori n, and accept the oblig≥tions of, Sect	ua. Such change was authory	rea by the (ove-n corpo	amed corp wation's b	poration submits this statement for the pur oard of directors. Thereby accept the appo	pose of char pintment as r	nging i egiste	ts registered office red agent. I am		
S'GINATORE S	Ignative if your dior printed name of registercolagism	tand tille it applicative (NC	OTE Registered	Agen	signature req	circic when reinstating!	DATE				
12.	CIFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI		DIREC	TORS IN 12		
TI'LF	DC	[] DELETE	1.11	ITLE				Chan	ge 🔲 Addition		
NAM:	SANFORD, RICHARD D		1.2 N	AME	1						
STREET ADDRESS	411 EAGLEVIEW BLVD.		1.3 S	REET.	ADDRESS						
City St Zir	EXTON PA 19341	Finales		IY - \$1	- 7IP	761					
TITLE NAME	D ADDICON DADDY M	DELETE	2.17					Chan	ge 🔲 Addition		
STREET ADDRESS	ABELSON, BARRY M 3000 TWO LOGAN SQ., 181	TU 9 ADOU OTO	22 N								
City - \$1 - ZiP	PHILADELPHIA PA 19103	in a Anon 313.			ADDRESS						
Tille	D	DECETE	3 11	IV-S!	- ZIP			Chan	ge		
NAME	MILLER, WILLIAM R		3 2 N/				L	Chan	Je 🔲 Addition		
STREET ADDRESS	1901 MARKET ST.				ADDRESS						
C 1Y-\$1-7-P	PHILADELPHIA PA 19103		3 4 Ci								
11715	Р	☐ DELETE	4.1 1					Chan	e Addition		
NAM9	PRATT, GREGORY A		4 2 N/	ME					_		
SHIFT ALLIPESS	411 EAGLEVIEW BLVD.		4 3 ST	REET	ADORESS						
701	EXTON PA 19341		4 4 CI	1y - ST	- 21P						
	VS	🔀 DELETE	5 1 1	ILE	1	IP, CFO, Ass't Secret	ary 🔀	Chang	ge Addition		
NAME	KAWALICK, EDWARD A		5.2 NA	ME		Coffey, Thomas J.	•				
SIREE ADDRESS	411 EAGLEVIEW BLVD.		5 3 ST	REET	ADORESS	Coffey, Thomas J. 411 Eagleview Blud.					
CITY - ST - ZIP	EXTON PA 19341	D DELETE		IY-SI	- ZIP	Exton. DA 19341					
THEF	DAMMINON CALMENTA	☐ DELFTE	6 1 T			UP, COO		Chang	e 🔀 Addition		
NAME CIUCLI ADDOCO	KAWALICK, STEVEN M		62 NA			Johnson, Patrice					
STHEET ADDRESS CITY ST-ZIP	411 EAGLEVIEW BLVD. EXTON PA 19341				ADDRESS	411 Eagleview Blod.					
			6.4 C(1Y-\$1	- ZIP	Factor, VA 19341 y for the exemption stated in Section 119.0					

cert by 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:

and typed opening of signing officer or director