FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002694 (6)**

1. Corporation Name

ADVANCED TELECOMMUNICATIONS NETWORK, INC.

Principal Place of Business	Mailing Address
~~P.O. BOX 547~~ ~~BELLMAR NJ 08099-0547~~	~~P.O. BOX 547~~ ~~BELLMAR NJ 08099-0547~~

3. Date Incorporated or Qualified: 06/02/1995
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4 EXECUTIVE Campus	26 4 EXECUTIVE Campus
22 Suite, Apt. #, etc. 200	27 Suite, Apt. #, etc. 200
23 City & State CHERRY Hill, NJ	28 City & State CHERRY Hill, NJ
24 Zip 08002 25 Country U.S.A.	29 Zip 08002 30 Country U.S.A.

4. FEI Number: 22-3111344 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE		☑ Change ☐ Addition
NAME	CARPENTER, GARY		1.2 NAME	CARPENTER, GARY K.	
STREET ADDRESS	522 S. BROADWAY		1.3 STREET ADDRESS	4 EXECUTIVE Campus, Suite 200	
CITY-ST-ZIP	GLOUCESTER CITY NJ		1.4 CITY-ST-ZIP	CHERRY Hill, NJ 08002	
TITLE	VSD	☐ DELETE	2.1 TITLE	EXEC. VP C.O.O.	☑ Change ☐ Addition
NAME	ALLEN, DANIEL		2.2 NAME	ALLEN, DANIEL W.	
STREET ADDRESS	522 S. BROADWAY		2.3 STREET ADDRESS	4 EXECUTIVE Campus, Suite 200	
CITY-ST-ZIP	GLOUCESTER CITY NJ		2.4 CITY-ST-ZIP	CHERRY Hill, NJ 08002	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is true, accurate, complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 above, if I am also adding myself as an officer or director with an address.

SIGNATURE: _____ 3/11/96 (609)642-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number
GARY K. CARPENTER, President