


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

FILED

May 15 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 # F95000002736 (5)		
1. Corporation Name ELCOM INTERNATIONAL, INC.		



Principal Place of Business 10 OCEANA WAY NORWOOD MA 02062	Mailing Address 10 OCEANA WAY NORWOOD MA 02062-2671
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/07/1995	3a. Date of Last Report 05/01/1996	4. FEI Number 04-3175156	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOC	1.1 TITLE	
NAME	CROWELL, ROBERT J	1.2 NAME	
STREET ADDRESS	10 OCEANA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA 02062	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	WOLF, DAVID B	2.2 NAME	
STREET ADDRESS	10 OCEANA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA 02062	2.4 CITY-ST-ZIP	
TITLE	CFOT	3.1 TITLE	
NAME	MULHERN, LAURENCE F	3.2 NAME	
STREET ADDRESS	10 OCEANA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA 02062	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	JAMES ROUSOU	4.2 NAME	
STREET ADDRESS	10 OCEANA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	ANDRES, ESCALLON	5.2 NAME	
STREET ADDRESS	10 OCEANA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 registered agent or a person authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13.

SIGNATURE:  Laurence F. Mulhern 4/29/97 (617) 762-0200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)