...JOINT TITLE: COR...ATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750.)

APPROVED AND FILED pg. 102

97 SEP 24 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

...PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # F95000003732 (3)

1. Corporation Name
TELECARRIER SERVICES INC

Principal Place of Business	Mailing Address
107 S AVE W CRANFORD NJ 07016	107 S AVE W CRANFORD NJ 07016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/02/1995
3a. Date of Last Report: 06/12/1996

2. Principal Place of Business
21 1090 King Georges Post Rd
22 Suite, Apt. #, etc. Unit 1003
23 City & State Edison NJ
24 Zip 08837 25 Country USA

2a. Mailing Address
26 1090 King Georges Post Rd
27 Suite, Apt. #, etc. Unit 1003
28 City & State Edison NJ
29 Zip 08837 30 Country USA

4. FEI Number: 13-3663453 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCPT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LAGANA, MICHAEL F		1.2 NAME	
STREET ADDRESS	107 S AVE W		1.3 STREET ADDRESS	1090 King Georges Post Rd Unit 1003
CITY-ST-ZIP	CRANFORD NJ 07016		1.4 CITY-ST-ZIP	Edison NJ 08837
TITLE	DCS	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	LAGANA, IDA		2.2 NAME	
STREET ADDRESS	107 S AVE W		2.3 STREET ADDRESS	1090 King Georges Post Rd Unit 1003
CITY-ST-ZIP	CRANFORD NJ 07016		2.4 CITY-ST-ZIP	Edison NJ 08837
TITLE	VS	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	HASSEL, ZINA L		3.2 NAME	
STREET ADDRESS	107 S AVE W		3.3 STREET ADDRESS	1090 King Georges Post Rd Unit 1003
CITY-ST-ZIP	CRANFORD NJ 07016		3.4 CITY-ST-ZIP	Edison NJ 08837
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	200002311952--0
STREET ADDRESS			4.3 STREET ADDRESS	-10/03/97--01118--009
CITY-ST-ZIP			4.4 CITY-ST-ZIP	****165.00 ****165.00
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	A. Agne 9/24/97
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 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: X Michael F Lagana MICHAEL F. LAGANA X 9/10/97

Pg. 2 of 2

September 22, 1997

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314
Attn: Amy Alan
Document Specialist

RE: Letter Number: 597A00045846

Dear Ms. Alan:

With respect to the Annual Report for Telecarrier Services Inc. for 1997 and the check in the amount of $165.00, please note that the following had occurred:

First, the check was mailed without the form;
Next the form was sent without the check;
Finally both the check and the form were sent together.

I sincerely apologize for the confusion which this seems to have caused and ask that you accept the filing with the original filing fee.

If there are any questions, please do not hesitate t o contact me at 732-417-9300.

Very truly yours,
TELECARRIER SERVICES INC.

Zina L. Hassel
Vice President of Administration

1090 King Georges Post Road, Unit 1003, Edison, NJ 08837 • Tel: 908 417 9300 • Fax: 908 417 1919 • http://www.telecarrier.com