

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

FILED
Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006035 (8)

1. Corporation Name
SUMMA FOUR, INC.



Principal Place of Business 25 SUNDIAL AVE. MANCHESTER NH 03103-7251	Mailing Address 25 SUNDIAL AVE. MANCHESTER NH 03103-7251
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/07/1995	
4. FEI Number 02-0329497		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	VP	1.1 TITLE	VP
NAME	ESTEY, KENDRICK A.	1.2 NAME	Jeffrey A. Weber
STREET ADDRESS	SUMMA FOUR, INC. 25 SUNDIAL AVE.	1.3 STREET ADDRESS	25 Sundial Ave.
CITY-ST-ZIP	MANCHESTER NH	1.4 CITY-ST-ZIP	Manchester, NH 03103
TITLE	D	2.1 TITLE	Pres.
NAME	DEGAN, ROBERT A	2.2 NAME	Robert A. Degan
STREET ADDRESS	10 COMMERCE WAY	2.3 STREET ADDRESS	25 Sundial Ave.
CITY-ST-ZIP	NORTON MA 02768	2.4 CITY-ST-ZIP	Manchester, NH 03103
TITLE	D	3.1 TITLE	
NAME	GORSUN, BARRY R	3.2 NAME	
STREET ADDRESS	25 SUNDIAL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER NH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	RAY, GORDON T	4.2 NAME	
STREET ADDRESS	2251 NORTH RAMPART BLVD., #179	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAS VEGAS NV 89128	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	SCRANTON, WILLIAM M	5.2 NAME	Edgar L. Brown, Jr.
STREET ADDRESS	288 HURRICANE ROAD	5.3 STREET ADDRESS	25 Sundial Ave.
CITY-ST-ZIP	KEENE NH 03431	5.4 CITY-ST-ZIP	Manchester, NH 03103
TITLE	D	6.1 TITLE	
NAME	SHANE, JOHN	6.2 NAME	
STREET ADDRESS	300 UNICORN PARK DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	WOBURN MA 01801	6.4 CITY-ST-ZIP	

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.

SIGNATURE

CR2E034 (10/97)