

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

FILED
Feb 12 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 # **F96000001423 (0)**

1. Corporation Name
A.R.C. NETWORKS CORP.

Principal Place of Business
**1300 VETERANS MEMORIAL HIGHWAY
HAUPPAUGE NY 11788**

Mailing Address
**1300 VETERANS MEMORIAL HIGHWAY
HAUPPAUGE NY 11788**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **1770 MOTOR PKWY**
Suite, Apt. #, etc.
22
City & State
23 **HAUPPAUGE, NY**
Zip Country
24 **11788** 25 **USA**

2a. Mailing Address
26 **← SAME**
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29 30

3. Date Incorporated or Qualified
03/20/1996

4. FEI Number 11-3240814	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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	PARRINELLO, PETER F	
STREET ADDRESS	1300 VETERANS MEMORIAL HIGHWAY	
CITY-ST-ZIP	HAUPPAUGE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SICINSKI, JOSEPH G	
STREET ADDRESS	1300 VETERANS MEMORIAL HIGHWAY	
CITY-ST-ZIP	HAUPPAUGE NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHILLER, LEWIS	
STREET ADDRESS	1300 VETERANS MEMORIAL HIGHWAY	
CITY-ST-ZIP	HAUPPAUGE NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WNUK, GRAYZANA	
STREET ADDRESS	1300 VETERANS MEMORIAL HIGHWAY	
CITY-ST-ZIP	HAUPPAUGE NY	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	SABLE, MICHAEL	
STREET ADDRESS	1300 VETERANS MEMORIAL HIGHWAY	
CITY-ST-ZIP	HAUPPAUGE NY 11788	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1770 MOTOR PKWY
1.4 CITY-ST-ZIP	HAUPPAUGE, NY 11788
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1770 MOTOR PKWY
2.4 CITY-ST-ZIP	HAUPPAUGE, NY 11788
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	1770 MOTOR PKWY
3.4 CITY-ST-ZIP	HAUPPAUGE, NY 11788
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SECRETARY
4.3 STREET ADDRESS	SABLE, Michael P
4.4 CITY-ST-ZIP	1770 MOTOR PKWY
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	1770 MOTOR PKWY
5.4 CITY-ST-ZIP	HAUPPAUGE, NY 11788
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **Michael P. Sable** **Michael P. SABLE**

2/6/98

516-951-2500

CR2E034 (1097)