

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

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**Apr 23 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 # F96000002594

1. Corporation Name
*Clarity Telecom, Inc. DB/A Executive Business Solutions
478 Wheelers Farms Road
Milford, CT 06460*

Principal Place of Business Mailing Address
*478 Wheelers Farms Road Same
Milford, CT 06460*



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <i>5/23/96</i>	3a. Date of Last Report <i>N/A</i>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <i>04-3314884</i>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>Corporation Service Company 1201 Hays Street Tallahassee, FL 32301</i>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 400002156364 04/28/97-01034-005 84 City ***495.00 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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<i>P/A/S/D</i>
STREET ADDRESS		1.3 STREET ADDRESS	<i>Steven W. Barnes</i>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<i>Two Copley Place 7th Floor Boston, MA 02116</i>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<i>V</i>
STREET ADDRESS		2.3 STREET ADDRESS	<i>Laura M. Broderick</i>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<i>Two Copley Place 7th Floor Boston, MA 02116</i>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<i>V/T/D</i>
STREET ADDRESS		3.3 STREET ADDRESS	<i>Dwight M. Pater</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Two Copley Place 7th Floor Boston, MA 02116</i>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<i>V/S</i>
STREET ADDRESS		4.3 STREET ADDRESS	<i>James A. Graham</i>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<i>478 Wheelers Farms Road Milford, CT 06460</i>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>V/AT/D</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>Jonathan S. Lavine</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Two Copley Place 7th Floor Boston, MA 02116</i>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<i>C/D</i>
STREET ADDRESS		6.3 STREET ADDRESS	<i>Edward H. Lavin</i>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<i>478 Wheelers Farms Road Milford, CT 06460</i>

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: *James A. Graham* *James A. Graham* V.P. Finance *3/18/97* (202) 872-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)