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FILED

Apr 21 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 # F96000003188 (7)

1. Corporation Name
INTECOM INC.

Principal Place of Business

5057 KELLER SPRINGS ROAD
DALLAS TX 75248

Mailing Address

5057 KELLER SPRINGS ROAD
DALLAS TX 75248-5908



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

30 Country

3. Date Incorporated or Qualified

06/24/1996

3a. Date of Last Report

1-24-96

4. FEI Number

04-2892472

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ 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

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

Sign the name of the person named as registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COBD ☐ DELETE

NAME PAYER, JACQUES
STREET ADDRESS 19 AVENUE CARNOT, 91348 MASSY CEDEX
CITY-ST-ZIP FRANCE

TITLE SD ☐ DELETE

NAME DUMOLARD, JEAN-PIERRE
STREET ADDRESS RUE J.P. TIMBAUD - B.P. 26, BOIS-D'ARCY
CITY-ST-ZIP CEDEX 78392 FRANCE

TITLE CEOP ☐ DELETE

NAME PLATT, GEORGE
STREET ADDRESS 7305 MCKAMY BOULEVARD
CITY-ST-ZIP DALLAS TX 75248

TITLE V ☐ DELETE

NAME MCDONALD, JOHN
STREET ADDRESS 6423 WICKERWOOD DRIVE
CITY-ST-ZIP DALLAS TX 75248

TITLE D ☐ DELETE

NAME SORBA, OLIVER
STREET ADDRESS 1633 BROADWAY 45TH FLOOR
CITY-ST-ZIP NEW YORK NY 10019

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP, CFO, Asst Sec.
George A. O'Brien
9904 Winding Ridge Drive
DALLAS, TX 75238

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)