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Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90117 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003188

1. Corporation Name
INTECOM INC.



Principal Place of Business 5057 KELLER SPRINGS ROAD DALLAS TX 75248	Mailing Address TAX DEPT. 5057 KELLER SPRINGS ROAD DALLAS TX 75248 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

Addison, TX

City & State

28

Addison, TX

Zip

24

75001-5908

Country

25

USA

Zip

29

75001-5908

Country

30

USA

3. Date Incorporated or Qualified

06/24/1996

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 owes the current year Intangible
Personal Property Tax

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	COBO
NAME	PAYER, JACQUES
STREET ADDRESS	19 AVENUE CARNOT, 91348 MASSY CEDEX
CITY-ST-ZIP	FRANCE
TITLE	SD
NAME	DUMOLARD, JEAN-PIERRE
STREET ADDRESS	RUE J.P. TIMBAUD - B.P. 26, BOIS-D'ARCY
CITY-ST-ZIP	CEDEX 78392 FRANCE
TITLE	CEOP
NAME	PLATT, GEORGE
STREET ADDRESS	7305 MCKAMY BOULEVARD
CITY-ST-ZIP	DALLAS TX 75248
TITLE	AS
NAME	BOULIN, JEAN FRANCOIS
STREET ADDRESS	RUE JP TIMBAUD-B.P. 26, BOIS-D'ARCY
CITY-ST-ZIP	CEDEX 78392 FRANCE 75248
TITLE	VPCS
NAME	O'BRIEN, GEORGE A
STREET ADDRESS	5353 KELLER SPRINGS RD, #2214
CITY-ST-ZIP	DALLAS TX 75248
TITLE	
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	5715 Moss Creek Court
5.4 CITY-ST-ZIP	Dallas, TX. 75252
6.1 TITLE	Change 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, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED

George A. O'Brien 1/19/99

Date

Daytime Phone #

(972) 8558442

CR2E034 (11/98)