

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F96000003458 (4)**

1. Corporation Name

**FAX INTERNATIONAL, INC.**

Principal Place of Business

**900 CHELMSFORD ST  
LOWELL MA 01851  
US**

Mailing Address

**900 CHELMSFORD ST  
LOWELL MA 01851  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/09/1996**

4. FEI Number

**04-3097640**

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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	DP	<input type="checkbox"/> DELETE
NAME	RANALLI, DOUGLAS	
STREET ADDRESS	900 CHELMSFORD STREET	
CITY-STATE-ZIP	LOWELL MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SOSNOWSKI, THOMAS	
STREET ADDRESS	900 CHELMSFORD STREET	
CITY-STATE-ZIP	LOWELL MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ENG, LIM	
STREET ADDRESS	31 EXETER RD., #18-00	
CITY-STATE-ZIP	COMCENTRE, SINGAPORE 0923	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KOONG, CHUA SOCK	
STREET ADDRESS	31 EXETER RD., #18-00	
CITY-STATE-ZIP	COMCENTRE, SINGAPORE 0923	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BEINECKE, JOHN	
STREET ADDRESS	420 LEXINGTON AVE.	
CITY-STATE-ZIP	NEW YORK NY 10170	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LITSCHER, PAULA	
STREET ADDRESS	900 CHELMSFORD STREET	
CITY-STATE-ZIP	LOWELL MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHIEF EXECUTIVE OFFICER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	PRESIDENT/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK RANALLI	
3.3 STREET ADDRESS	900 CHELMSFORD ST	
3.4 CITY-STATE-ZIP	LOWELL, MA 01851	
4.1 TITLE	CHIEF FINANCIAL OFFICER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEVE DARRINGTON	
4.3 STREET ADDRESS	900 CHELMSFORD STREET	
4.4 CITY-STATE-ZIP	LOWELL, MA 01851	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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:

*[Signature]*

FILED  
Aug 13 1998 8:00am  
Secretary of State



CR2E034 (5/98)