

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. Martham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000003458 (4)

1. Corporation Name

FAX INTERNATIONAL, INC.

FILED
Aug 13 1998 8:00am
Secretary of State



Principal Place of Business		Mailing Address	
800 CHELMSFORD ST LOWELL MA 01851 US		800 CHELMSFORD ST LOWELL MA 01851 US	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	Country	28 Zip	Country
24	25	29	30

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. <input type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p>TITLE: DP NAME: RANALLI, DOUGLAS STREET ADDRESS: 900 CHELMSFORD STREET CITY-ST-ZIP: LOWELL MA</p> <p>TITLE: D NAME: SOSNOWSKI, THOMAS STREET ADDRESS: 900 CHELMSFORD STREET CITY-ST-ZIP: LOWELL MA</p> <p>TITLE: D NAME: ENG, LIM STREET ADDRESS: 31 EXETER RD., #18-00 CITY-ST-ZIP: COMCENTRE, SINGAPORE 0923</p> <p>TITLE: D NAME: KOONG, CHUA SOCK STREET ADDRESS: 31 EXETER RD., #18-00 CITY-ST-ZIP: COMCENTRE, SINGAPORE 0923</p> <p>TITLE: D NAME: BEINECKE, JOHN STREET ADDRESS: 420 LEXINGTON AVE. CITY-ST-ZIP: NEW YORK NY 10170</p> <p>TITLE: V NAME: LITSCHER, PAULA STREET ADDRESS: 900 CHELMSFORD STREET CITY-ST-ZIP: LOWELL MA</p>		<p>1.1 TITLE: CHIEF EXECUTIVE OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>1.2 NAME:</p> <p>1.3 STREET ADDRESS:</p> <p>1.4 CITY-ST-ZIP:</p> <p>2.1 TITLE:</p> <p>2.2 NAME:</p> <p>2.3 STREET ADDRESS:</p> <p>2.4 CITY-ST-ZIP:</p> <p>3.1 TITLE: PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>3.2 NAME: MARK RANALLI</p> <p>3.3 STREET ADDRESS: 900 CHELMSFORD ST</p> <p>3.4 CITY-ST-ZIP: LOWELL MA 01851</p> <p>4.1 TITLE: CHIEF FINANCIAL OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>4.2 NAME: STEVE DARRINGTON</p> <p>4.3 STREET ADDRESS: 900 CHELMSFORD STREET</p> <p>4.4 CITY-ST-ZIP: LOWELL, MA 01851</p> <p>5.1 TITLE:</p> <p>5.2 NAME:</p> <p>5.3 STREET ADDRESS:</p> <p>5.4 CITY-ST-ZIP:</p> <p>6.1 TITLE:</p> <p>6.2 NAME:</p> <p>6.3 STREET ADDRESS:</p> <p>6.4 CITY-ST-ZIP:</p>	

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: *Sgt. B. Martham*

CR2E034 (5/98)