

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004466 (6)

1. Corporation Name  
P-COM, INC.

Principal Place of Business  
3175 S. WINCHESTER BLVD  
CAMPBELL CA 95008

Mailing Address  
3175 S. WINCHESTER BLVD  
CAMPBELL CA 95008-6557

FILED  
May 13 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/29/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 77-0289371		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				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			
				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	
NAME	ROBERTS, GEORGE P	1.2 NAME	
STREET ADDRESS	3175 S. WINCHESTER BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELL CA 95008	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	ANTONIUCCI, PIER	2.2 NAME	
STREET ADDRESS	3175 S. WINCHESTER BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELL CA 95008	2.4 CITY-ST-ZIP	
TITLE	CFO	3.1 TITLE	
NAME	SOPHIE, MICHAEL	3.2 NAME	
STREET ADDRESS	3175 S. WINCHESTER BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELL CA 95008	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	WOOD, JOHN	4.2 NAME	
STREET ADDRESS	3175 S. WINCHESTER BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELL CA 95008	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	BEAN, KENNETH E II	5.2 NAME	
STREET ADDRESS	3175 S. WINCHESTER BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMPBELL CA 95008	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED

4/11/97

4/11/97

4/11/97

CR2E034 (9/96)