

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 # F96000005568 (8)

1. Corporation Name

MERIDIAN TELECOM CORPORATION

Principal Place of Business

141 S. CENTRAL AVE. SUITE 300
HARTSDALE NY 10530-2319

Mailing Address

141 S. CENTRAL AVE. SUITE 300
HARTSDALE NY 10530-2319

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

9. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/25/1996

3a. Date of Last Report

4. FEI Number

13-3826330

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

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 ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
SCHEERER, STEPHEN R
3379 PEACHTREE ST NE, SUITE 900
ATLANTA GA 30326

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
RABINE, LAWRENCE S
141 S. CENTRAL AVE, SUITE 300
HARTSDALE NY 10530-2319

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SABATO, JOANNE
141 S. CENTRAL AVE, SUITE 300
HARTSDALE NY 10530-2319

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP
D
SCHEERER, CAROL A
3379 PEACHTREE ST NE, SUITE 900
ATLANTA GA 30326

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
3490 PIEDMONT RD, NE, SUITE 600
ATLANTA, GA 30305

21 TITLE ☐ Change ☐ Addition

22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE ☒ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
3490 PIEDMONT RD, NE, SUITE 600
ATLANTA, GA 30305

51 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME
63 STREET ADDRESS
64 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

SCHEERER, CAROL A 3/1/97 914-949-2100

FILED
Jul 21 1997 8:00am
Secretary of State



CR2E034 (9/96)