


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

FILED
May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F96000005782 (5) 1. Corporation Name CAMPUSLINK COMMUNICATIONS SYSTEMS, INC.		



Principal Place of Business 1530 EISENHOWER PLACE ANN ARBOR MI 48106-3284	Mailing Address 1530 EISENHOWER PLACE ANN ARBOR MI 48106-3284
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified 11/06/1996	4. FEI Number 13-3741507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	
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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	PD <input type="checkbox"/> DELETE
NAME	SCHWARTZ, ROBERT I
STREET ADDRESS	1100 SUMMER ST
CITY-ST-ZIP	STAMFORD CT
TITLE	CD <input type="checkbox"/> DELETE
NAME	KOFALT, JAMES A
STREET ADDRESS	1100 SUMMER ST
CITY-ST-ZIP	STAMFORD CT
TITLE	D <input type="checkbox"/> DELETE
NAME	BROWN, ABBOT L
STREET ADDRESS	150 EL CAMINO DR.
CITY-ST-ZIP	BEVERLY HILLS CA
TITLE	D <input type="checkbox"/> DELETE
NAME	COOK, LADWRICK
STREET ADDRESS	150 EL CAMINO DRIVE
CITY-ST-ZIP	BEVERLY HILLS CA
TITLE	T <input type="checkbox"/> DELETE
NAME	MAYO, STEVE
STREET ADDRESS	1530 EISENHOWER PLACE
CITY-ST-ZIP	ANN ARBOR MI
TITLE	D <input type="checkbox"/> DELETE
NAME	PORTER, BARRY
STREET ADDRESS	150 EL CAMINO DR.
CITY-ST-ZIP	BEVERLY HILLS CA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GOLDEN, JOSEPH
1.3 STREET ADDRESS	1530 EISENHOWER PLACE
1.4 CITY-ST-ZIP	ANN ARBOR, MI 48108
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KLINE, FRANK
2.3 STREET ADDRESS	11720 SAN VICENTE BLVD., SUITE 300
2.4 CITY-ST-ZIP	LOS ANGELES, CA 90049
3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	WINNICK, GARY
3.3 STREET ADDRESS	150 EL CAMINO DRIVE, SUITE 204
3.4 CITY-ST-ZIP	BEVERLY HILLS, CA 90212
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEED, MICHAEL
4.3 STREET ADDRESS	111 MASSACHUSETTS AVENUE, NW
4.4 CITY-ST-ZIP	WASHINGTON, DC 20001
5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Schwartz, Robert I
5.3 STREET ADDRESS	12 Eastover Road
5.4 CITY-ST-ZIP	Stamford, CT
6.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Kofalt, James A.
6.3 STREET ADDRESS	50209 Manly
6.4 CITY-ST-ZIP	Chapel Hill, NC

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 in an attachment with an address.

Rapp as CEO of Campuslink *4-30-98 734-975-8888*

CR2E034 (10/97)