

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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # F96000006463 (1)

1. Corporation Name
CONNECTONE COMMUNICATIONS CORPORATION



Principal Place of Business

45 ROCKEFELLAR PLAZA, STE 3200
NEW YORK NY 10020

Mailing Address

45 ROCKEFELLAR PLAZA, STE 3200
NEW YORK NY 10111-0194

2. Principal Place of Business

21 170 East Post Rd.

Suite, Apt. #, etc.

22 Suite 800

City & State

23 White Plains, NY

Zip

24 10601

Country

25 USA

2a. Mailing Address

26 170 East Post Rd.

Suite, Apt. #, etc.

27 Suite 800

City & State

28 White Plains, NY

Zip

29 10601

Country

30 USA

g. Name and Address of Current Registered Agent

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.
1406 HAYS STREET, STE #2
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

12/10/1996

3a. Date of Last Report

4. FEI Number

13-3909506

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 607.1506, 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 ☐ DELETE

NAME PRICE, ROBERT
STREET ADDRESS 45 ROCKEFELLAR PLAZA, STE 3200
CITY-ST-ZIP NEW YORK NY

TITLE SD ☐ DELETE

NAME PRESSMAN, KIM
STREET ADDRESS 45 ROCKEFELLAR PLAZA, STE 3200
CITY-ST-ZIP NEW YORK NY

TITLE VT ☐ DELETE

NAME ROSENSTEIN, STUART
STREET ADDRESS 45 ROCKEFELLAR PLAZA, STE 3200
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE

NAME PRICE, STEVEN
STREET ADDRESS 45 ROCKEFELLAR PLAZA, STE 3200
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME GREGORI, JOSEPH
STREET ADDRESS 45 ROCKEFELLAR PLAZA, STE 3200
CITY-ST-ZIP NEW YORK NY

TITLE D ☐ DELETE

NAME SPERLING, SCOTT
STREET ADDRESS 75 STATE STREET
CITY-ST-ZIP BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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]

4/18/97

(914) 761-9100

CR2E034 (9/96)