

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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90023 034 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F97000000093**

1. Corporation Name  
**XLCONNECT SYSTEMS, INC.**



Principal Place of Business      Mailing Address  
 411 EAGLEVIEW BLVD              411 EAGLEVIEW BLVD  
 EXTON PA 19341                  EXTON PA 19341

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**01/07/1997**

4. FEI Number      Applied For  
**23-2844307**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax.       Yes       No

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	WALLACE, TIMOTHY
STREET ADDRESS	411 EAGLEVIEW BLVD
CITY-ST-ZIP	EXTON PA 19341
TITLE	VS <input checked="" type="checkbox"/> DELETE
NAME	COHEN, STEPHANIE
STREET ADDRESS	411 EAGLEVIEW BLVD
CITY-ST-ZIP	EXTON PA 19341
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SANFORD, RICHARD
STREET ADDRESS	411 EAGLEVIEW BLVD
CITY-ST-ZIP	EXTON PA 19341
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ABELSON, BARRY
STREET ADDRESS	3000 TWO LOGAN SQUARE
CITY-ST-ZIP	PHILADELPHIA PA. 19103
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBERT J. COUTURE
2.3 STREET ADDRESS	411 EAGLEVIEW BLVD
2.4 CITY-ST-ZIP	EXTON, PA 19341
3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LINDA SELZNICK
3.3 STREET ADDRESS	411 EAGLEVIEW BLVD
3.4 CITY-ST-ZIP	EXTON, PA 19341
4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JEFFREY BLAZN
4.3 STREET ADDRESS	411 EAGLEVIEW BLVD
4.4 CITY-ST-ZIP	EXTON, PA 19341
5.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARTIN S. WAGNER
5.3 STREET ADDRESS	411 EAGLEVIEW BLVD
5.4 CITY-ST-ZIP	EXTON, PA 19341
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *[Signature]*      5-24-99      610-458-5500  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (1/98)