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FILED
Aug 19 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 # F97000000889 (2)

1. Corporation Name

UTILICOM NETWORKS CLAY COUNTY, INC.

Principal Place of Business

124 WASHINGTON STREET, STE 102
FOXBOROUGH MA 02035

Mailing Address

124 WASHINGTON STREET, STE 102
FOXBOROUGH MA 02035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1997

4. FEI Number

65-0730750

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒

Yes ☐ No

2. Principal Place of Business

21 124 GROVE STREET

Suite, Apt. #, etc.

22 SUITE 220

City & State

23 FRANKLIN MA

Zip

24 02038

Country

25 NORFOLK

2a. Mailing Address

26 124 GROVE STREET

Suite, Apt. #, etc.

27 SUITE 220

City & State

28 FRANKLIN MA

Zip

29 02038

Country

30 NORFOLK

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD ☒ DELETE
NAME CADLE, CHARLES R
STREET ADDRESS 124 WASHINGTON STREET
CITY-ST-ZIP FOXBOROUGH MA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1.1 TITLE CHAIR OF BOARD + DIRECTOR ☐ Change ☒ Addition
1.2 NAME CADLE CHARLES R.
1.3 STREET ADDRESS 124 GROVE STREET SUITE 220
1.4 CITY-ST-ZIP FRANKLIN, MA 02038

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition
2.2 NAME WILLIAM M. ROBERTS
2.3 STREET ADDRESS 124 GROVE ST. SUITE 220
2.4 CITY-ST-ZIP FRANKLIN, MA 02038

3.1 TITLE TREASURER ☐ Change ☒ Addition
3.2 NAME JOHN VAN LUNG
3.3 STREET ADDRESS 124 GROVE ST. SUITE 220
3.4 CITY-ST-ZIP FRANKLIN, MA 02038

4.1 TITLE SECRETARY ☐ Change ☒ Addition
4.2 NAME ELAINE R. CADLE
4.3 STREET ADDRESS 124 GROVE ST. SUITE 220
4.4 CITY-ST-ZIP FRANKLIN, MA 02038

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 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.

CR2E034 (10/97)