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May 04 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 # **F97000001839 (6)**

1. Corporation Name
FAXNET CORPORATION

Principal Place of Business	Mailing Address
205 PORTLAND STREET BOSTON MA 02114	205 PORTLAND STREET BOSTON MA 02114

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/09/1997

2. Principal Place of Business	2a. Mailing Address
21 FaxNet Corporation	26 Fax Net Corporation
22 Suite, Apt. #, etc.	27 Suite, Apt #, etc.
23 City & State: Boston, MA	28 City & State: Boston, MA
24 Zip: 02114 25 Country: USA	29 Zip: 02114 30 Country: USA

4. FEI Number: 04-3278518 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	COOPER, KEITH		1.2 NAME	Jeffrey Parker	
STREET ADDRESS	205 PORTLAND STREET		1.3 STREET ADDRESS	253 Meadowbrook Road	
CITY-ST-ZIP	BOSTON MA 02114		1.4 CITY-ST-ZIP	Weston, MA 02193	
TITLE	VD	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	FLOWERS, JEFFRY		2.2 NAME	Wayne Willis	
STREET ADDRESS	205 PORTLAND STREET		2.3 STREET ADDRESS	22400 Shaker Blvd	
CITY-ST-ZIP	BOSTON MA 02114		2.4 CITY-ST-ZIP	Cleveland, OH 44122	
TITLE	SD	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	FRIEND, DAVID		3.2 NAME	Robert Roeper	
STREET ADDRESS	205 PORTLAND STREET		3.3 STREET ADDRESS	876 Beacon St	
CITY-ST-ZIP	BOSTON MA 02114		3.4 CITY-ST-ZIP	Newton, MA 02148	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KUGELL, STANLEY		4.2 NAME	Brian Hoey	
STREET ADDRESS	ONE KENDALL SQUARE		4.3 STREET ADDRESS	862 Central Park West, Apt 13D	
CITY-ST-ZIP	CAMBRIDGE MA 02139		4.4 CITY-ST-ZIP	New York, NY 10024	
TITLE	T	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	DRISCOLL, JAMES		5.2 NAME	John Zrno	
STREET ADDRESS	205 PORTLAND STREET		5.3 STREET ADDRESS	5707 Imperial Court	
CITY-ST-ZIP	BOSTON MA 02114		5.4 CITY-ST-ZIP	Plano, TX 75093	
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PRAVDA, SUSAN E		6.2 NAME		
STREET ADDRESS	75 STATE STREET (C/O EPSTEIN, BECKER)		6.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA 02109		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.

SIGNATURE: [signature] 04/30/1998

CR2E034 (10/97)