

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F97000001839**

1. Corporation Name

FAXNET CORPORATION

Principal Place of Business

**FAX NET CORPORATION
BOSTON MA 02114
US**

Mailing Address

**FAX NET CORPORATION
BOSTON MA 02114
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1997

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

98 North Washington St

2a. Mailing Address

98 North Washington St

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

5th Floor

City & State

Boston, MA

City & State

Boston, MA

Zip

02114

Country

USA

Zip

02114

Country

USA

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 ☐ DELETE

**PD
COOPER, KEITH
205 PORTLAND STREET
BOSTON MA 02114**

TITLE ☐ DELETE

**VD
FLOWERS, JEFFRY
205 PORTLAND STREET
BOSTON MA 02114**

TITLE ☐ DELETE

**SD
FRIEND, DAVID
205 PORTLAND STREET
BOSTON MA 02114**

TITLE ☐ DELETE

**D
KUGELL, STANLEY
ONE KENDALL SQUARE
CAMBRIDGE MA 02139**

TITLE ☐ DELETE

**T
DRISCOLL, JAMES
205 PORTLAND STREET
BOSTON MA 02114**

TITLE ☐ DELETE

**AS
PRAVDA, SUSAN E
75 STATE STREET (C/O EPSTEIN, BECKER)
BOSTON MA 02109**

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 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 of Daniel R. Treasurer

8/5/99

617-557-4300

CR2E034 (5/99)

FILED
Aug 11, 1999 8:00 am
Secretary of State

08-11-1999 90016 035 ***550.00

