

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

0002274

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90172 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F98000006350

1. Corporation Name
DIALOGIC CORP.



Principal Place of Business 1515 ROUTE 10 PARSIPPANY NJ 07054	Mailing Address 1515 ROUTE 10 PARSIPPANY NJ 07054
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified 11/18/1998	
21	26	4. FEI Number 22-2476114		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23	28	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	25	29	30		
Zip		Country		Zip	
Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DC	<input type="checkbox"/> DELETE		1.1 TITLE	See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZWICK, NICHOLAS			1.2 NAME			
STREET ADDRESS	1515 ROUTE 10			1.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUBB, HOWARD G			2.2 NAME			
STREET ADDRESS	1515 ROUTE 10			2.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BURKHARDT, KENNETH J			3.2 NAME			
STREET ADDRESS	1515 ROUTE 10			3.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONOMI, MASAO			4.2 NAME			
STREET ADDRESS	1515 ROUTE 10			4.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEMASTERS, JOHN N			5.2 NAME			
STREET ADDRESS	1515 ROUTE 10			5.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODGERS, FRANCIS G			6.2 NAME			
STREET ADDRESS	1515 ROUTE 10			6.3 STREET ADDRESS			
CITY-ST-ZIP	PARSIPPANY NJ 07054			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 REQUIRED* **BEAN M. BEADLE** **4-20-99** **(973) 993-3000 x6392**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)

F98000006350
446962-90172-25

DIALOGIC CORORATION

STATEMENT IN SUPPORT OF LINE 13

OFFICERS

Howard G. Bubb President	1515 Route 10 Parsippany, NJ 07054
Kenneth J. Burkhardt Executive Vice President	1515 Route 10 Parsippany, NJ 07054
John G. Alfieri Vice President	1515 Route 10 Parsippany, NJ 07054
Thomas G. Amato Treasurer	1515 Route 10 Parsippany, NJ 07054
Charles H. House Vice President	1515 Route 10 Parsippany, NJ 07054
John J. Landau Vice President	1515 Route 10 Parsippany, NJ 07054
William Warner Vice President	1515 Route 10 Parsippany, NJ 07054
Theodore M. Weitz Secretary	1515 Route 10 Parsippany, NJ 07054
Jean M. Beadle Controller	1515 Route 10 Parsippany, NJ 07054

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 NOV 18 PM 3:26