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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

### **DOCUMENT #** F98000006350 1. Corporation Name

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

04-29-1999 90172 025 \*\*\*150.00

DIALUG	IC CORP.							
Data de al Dia		Mailing Address			!			i <b>b</b> irili <b>bb</b> ir k <b>x</b> ar
	ce of Business	ŭ						
1515 ROUTE 10								•
TAILOR FAIT THE GLOOT					DO NOT WRIT	E IN THIS	SPACE _	
					3. Date incorporated or Qualifed			
					11/18/1998			
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		A	oplied For
21 26				22-2476114	Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	5. Certificate of Status Desired   \$8.75 Addit		1	
22 27						<del></del>	equired	
	City & State City & State				6. Election Campaign Financing			May Be
23		28			Trust Fund Contribution	<del></del>		to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Inta	ngible □Yes	□No I
24	25		30		Personal Property Tax.  10. Name and Address of New Re	gistared A		
	9. Name and Address of Current	r Kadisteted Wallit	81	Name	10. Name and Address of New A	Mistered V	gent	
COL	RPORATION SERVICE COMPANY							
1201 HAYS STREET			82	Street A	ddress (P.O. Box Number is Not Acceptat	ole)		ļ
TALLAHASSEE FL 32301-2525			83					
***	D 11 11 10 0 0 1 1 1 0 1 0 1 0 1 0 1 0 1		103	}				
			84	City		FL	<b>85</b> Zip	Code
office or	registered agent, or both, in the State of arm familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corpo	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of a the appoin	hanging it tment as r	registered egistered
Old Williams	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE: I	Registered Ager	nt signature re	quired when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
TITLE	DC	☐ DELETE	1.1 TITLE	Į	See Attached		☐ Change	☐ Addition
NAME	ZWICK, NICHOLAS		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	PARSIPPANY NJ 07054		1.4 CITY-ST-ZIP				/	<u> </u>
TITLE	DP	☐ DELETE	2.1 TITLE				Change	Addition
NAME	BUBB, HOWARD G		2.2 NAME					
STREET ADORESS	· · · · · · · · · · · · · · · · · · ·		2.3 STREET	ADDRESS (				}
CITY-ST-ZIP	PARSIPPANY NJ 07054		2.4 CITY-S	ST-ZIP				
TITLE	DV	☐ DELETE	3.1 TITLE	1			Change	☐ Addition
NAME	BURKHARDT, KENNETH J		3.2 NAME	1	•			ì
STREET ADORESS			3.3 STREE	TADDRESS				
CITY-ST-ZIP	PARSIPPANY NJ 07054	T or see	3.4. CITY-S	T-ZIP			<u> </u>	T Addition
TITLE	D	☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME	KONOMI, MASAO		4. 2 NAME	-				}
STREET ADDRESS			4.3 STREE	raddress i				I
CITY-ST-ZIP	PARSIPPANY NJ 07054		1					l
TITLE	ł D	C oc ext	4.4 CITY-S				Chance:	Addition !
NAME	1 C111 0 TCD0 (01 01 11	☐ DELETÉ	5.1 TITLE				☐ Change	☐ Addition
	LEMASTERS, JOHN N	☐ DELETE	5.1 TITLE 5.2 NAME	T-ZIP			☐ Change	☐ Addition
STREET ADDRESS	1515 ROUTE 10	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE	T-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP	1515 ROUTE 10 PARSIPPANY NJ 07054		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S	T-ZIP				
CITY-ST-ZIP	1515 ROUTE 10 PARSIPPANY NJ 07054 D	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T-ZIP			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME	D RODGERS, FRANCIS G		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP  T ADORESS  T-ZIP				
CITY-ST-ZIP	1515 ROUTE 10 PARSIPPANY NJ 07054 D RODGERS, FRANCIS G		5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-S 6.1 TITLE	T-ZIP  T ADORESS T-ZIP  T ADDRESS				

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.

QUITEADM. BEADLE

4-20-99

(973) 993-3000 × 6392

# F98000006350 446962-90172-25

## DIALOGIC CORORATION

# STATEMENT IN SUPPORT OF LINE 13.

## **OFFICERS**

Howard G. Bubb President

Kenneth J. Burkhardt **Executive Vice President** 

John G. Alfieri Vice President

Thomas G. Amato Treasurer

Charles H. House Vice President J

John J. Landau Vice President

William Warner Vice President

Theodore M. Weitz Secretary

Jean M. Beadle Controller

1515 Route 10 Parsippany, NJ 07054

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