SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:13

DOCUMENT # J65107 (1)

1. Corporation Name

MERRIMACK TELECOMMUNICATIONS CORP.

Principal Place of Business	Mailing Address
5849 OKEECHOBEE BLVD STE 201 W PALM BCH FL 33417 US	PO BOX 192830 SAN JUAN PR 00919-2830 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/02/1987	3a. Date of Last Report: 07/25/1994
4. FEI Number: 02-0381370	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
7. This corporation has liability for a ineligible tax under s. 199.292, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCFO	11 TITLE	☐ Change ☐ Addition
NAME	KUAPP, J BARCLAY	12 NAME	
STREET ADDRESS	150 E 58 STR	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	14 CITY ST ZIP	
TITLE	CEOT	21 TITLE	☐ Change ☐ Addition
NAME	BLUMENTHAL, GEORGE S.	22 NAME	
STREET ADDRESS	150 EAST 58 STREET	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	SVP	31 TITLE	☐ Change ☐ Addition
NAME	LAUBASCH, RICHARD J.	32 NAME	
STREET ADDRESS	150 EAST 58 STREET	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	SVP	41 TITLE	☐ Change ☐ Addition
NAME	SHAPIRO, STEPHEN M.	42 NAME	
STREET ADDRESS	METRO OFFICE PARK NO. 6	43 STREET ADDRESS	
CITY-ST-ZIP	GUAYNABO PR	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	DAVILA, JOSE JUAN	52 NAME	
STREET ADDRESS	METRO OFFICE PARK NO. 6	53 STREET ADDRESS	
CITY-ST-ZIP	GUAYNABO PR	54 CITY-ST-ZIP	
TITLE	VPC	61 TITLE	☐ Change ☐ Addition
NAME	GORELICK, GREGG1	62 NAME	
STREET ADDRESS	340E WILSON BRIDGE ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	WORTHINGTON OH	64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 6/20/1995 (809) 397-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177012 FN