

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J65107 (1)

1. Corporation Name

MERRIMACK TELECOMMUNICATIONS CORP.



Principal Place of Business

5849 OKEECHOBEE BLVD
STE 201
W PALM BCH FL 33417
US

Mailing Address

PO BOX 192830
SAN JUAN PR 00919-2830
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
04/02/1987

3a. Date of Last Report
06/28/1995

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

Signature of person named as registered agent and the date of signature Date Registered Agent Signature (Required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCFO
NAME KUAPP, J BARCLAY
STREET ADDRESS 150 E 58 STR
CITY-STATE-ZIP NEW YORK NY ☐ DELETE

TITLE CEO
NAME BLUMENTHAL, GEORGE S.
STREET ADDRESS 150 EAST 58 STREET
CITY-STATE-ZIP NEW YORK NY ☐ DELETE

TITLE SVP
NAME LAUBASCH, RICHARD J.
STREET ADDRESS 150 EAST 58 STREET
CITY-STATE-ZIP NEW YORK NY ☐ DELETE

TITLE SVP
NAME SHAPIRO, STEPHEN M.
STREET ADDRESS METRO OFFICE PARK NO. 6
CITY-STATE-ZIP GUAYNABO PR ☐ DELETE

TITLE VP
NAME DAVILA, JOSE JUAN
STREET ADDRESS METRO OFFICE PARK NO. 6
CITY-STATE-ZIP GUAYNABO PR ☐ DELETE

TITLE VPC
NAME GORELICK, GREGG
STREET ADDRESS 340E WILSON BRIDGE ROAD
CITY-STATE-ZIP WORTHINGTON OH ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-STATE-ZIP ☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-STATE-ZIP ☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-STATE-ZIP ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-STATE-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-STATE-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-STATE-ZIP ☐ Change ☐ Addition

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Juan Davila

6/1/96

807-397-1000

CR2E034 (12/95)