

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

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

07-29-1999 90002 020 ***550.00

DOCUMENT # J65107

1. Corporation Name
MERRIMACK TELECOMMUNICATIONS CORP.

Principal Place of Business

110 EAST 59TH STREET
26TH FLOOR
NEW YORK NY 10022
US

Mailing Address

110 EAST 59TH STREET
26TH FLOOR
NEW YORK NY 10022
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/02/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 EAST PARK AVENUE
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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	BLUMENTHAL, GEORGE S	
STREET ADDRESS	110 E. 59TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	PCFO	<input type="checkbox"/> DELETE
NAME	KNAPP, J. BARCLAY	
STREET ADDRESS	110 E. 59TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	SVGC	<input type="checkbox"/> DELETE
NAME	LUBASCH, RICHARD J	
STREET ADDRESS	110 E. 59TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	SVGM	<input type="checkbox"/> DELETE
NAME	SHAPIRO, STEVEN	
STREET ADDRESS	110 E. 59TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VPF	<input type="checkbox"/> DELETE
NAME	DAVILA, JOSE JUAN	
STREET ADDRESS	110 E. 59TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	VPC	<input type="checkbox"/> DELETE
NAME	GORELICK, GREGG	
STREET ADDRESS	110 E. 59TH STREET, 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10022	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Asst. Secy.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	I. Erik Tamm	
1.3 STREET ADDRESS	110 East 59th St., 26th Floor	
1.4 CITY-ST-ZIP	New York, NY 10022	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

212-906-8440

Daytime Phone #

CR2E034 (11/98)