

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 008 ***150.00

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

DOCUMENT # L08677

1. Corporation Name
MIOTEL CORPORATION



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 2 OVERHILL RD. SUITE 420 SCARSDALE NY 10583 US | Mailing Address 2 OVERHILL RD. SUITE 420 SCARSDALE NY 10583 US |
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|--|
| 3. Date Incorporated or Qualified 08/14/1989 |
|--|

| | | | |
|--|------------------|---|------------------|
| 2. Principal Place of Business 21 c/o Accor NA Suite, Apt. #, etc. 22 245 Park Ave. City & State 23 NY, NY Zip 24 10167 | 25 Country US | 2a. Mailing Address 26 c/o Accor NA Suite, Apt. #, etc. 27 245 Park Ave. City & State 28 NY, NY Zip 29 10167 | 30 Country US |
|--|------------------|---|------------------|

| | |
|------------------------------------|--|
| 4. FEI Number 58-1856700 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|------------------------------------|
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

| | |
|---|--|
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|

| | |
|--|--|
| 9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COHEN, BENJAMIN | 1.2 NAME | |
| STREET ADDRESS | 2 OVERHILL RD., STE. 420 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCARSDALE NY 10583 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEHODEY, JOHN | 2.2 NAME | |
| STREET ADDRESS | 2 OVERHILL RD., STE. 420 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCARSDALE NY 10583 | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELD, JEFFREY S | 3.2 NAME | |
| STREET ADDRESS | 2 OVERHILL RD., STE. 420 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SCARSDALE NY 10583 | 3.4 CITY-ST-ZIP | |
| TITLE | VPFT <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SOKOLIK, RANDAL | 4.2 NAME | Berry, Daniel E. |
| STREET ADDRESS | 2 OVERHILL RD., STE. 420 | 4.3 STREET ADDRESS | 245 Park Ave. |
| CITY-ST-ZIP | SCARSDALE NY 10583 | 4.4 CITY-ST-ZIP | NY, NY 10167 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Daniel E. Berry* **SIGNATURE REQUIRED** 1/15/99 (212) 699-5956
 Daniel E. Berry VP Date Daytime Phone #

CR2E034 (11/98)