

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
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90025 008 ***150.00

DOCUMENT # L08677

1. Corporation Name
MIOTEL CORPORATION

Principal Place of Business

2 OVERHILL RD.
SUITE 420
SCARSDALE NY 10583
US

Mailing Address

2 OVERHILL RD.
SUITE 420
SCARSDALE NY 10583
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1989

4. FEI Number

58-1856700

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 c/o Accor NA

22 Suite, Apt. #, etc.
245 Park Ave.

City & State

23 NY, NY

24 Zip 10167 25 Country US

2a. Mailing Address

26 c/o Accor NA

27 Suite, Apt. #, etc.
245 Park Ave.

City & State

28 NY, NY

29 Zip 10167 30 Country US

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

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 D ☐ DELETE
NAME COHEN, BENJAMIN
STREET ADDRESS 2 OVERHILL RD., STE. 420
CITY-ST-ZIP SCARSDALE NY 10583

TITLE PD ☐ DELETE
NAME LEHODEY, JOHN
STREET ADDRESS 2 OVERHILL RD., STE. 420
CITY-ST-ZIP SCARSDALE NY 10583

TITLE SD ☐ DELETE
NAME HELD, JEFFREY S
STREET ADDRESS 2 OVERHILL RD., STE. 420
CITY-ST-ZIP SCARSDALE NY 10583

TITLE VPFT ☒ DELETE
NAME SOKOLIK, RANDAL
STREET ADDRESS 2 OVERHILL RD., STE. 420
CITY-ST-ZIP SCARSDALE NY 10583

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE VPFT ☒ Change ☐ Addition
4.2 NAME Berry, Daniel E.
4.3 STREET ADDRESS 245 Park Ave.
4.4 CITY-ST-ZIP NY, NY 10167

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

Daniel E. Berry VP

Date

Daytime Phone #

1/15/99 (212) 699-5956

CR2E034 (11/98)

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