FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 25 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L85375 (8)

1. Corporation Name
NEWLINK COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
RR 2 BOX 727 CHICHESTER NH 03263 US	1318 NELSON AVE BOX 727 CHICHESTER NH 03263 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/29/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3018881 ☐ 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

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

9. Name and Address of Current Registered Agent

GREENBERG, MARTIN J
1318 NELSON AVE
CLEARWATER FL 34615

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LICCIARDI, SAMUEL	1.2 NAME	
STREET ADDRESS	RR 2, BOX 1891	1.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSFIELD NH	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	BISHOP, RICHARD	2.2 NAME	
STREET ADDRESS	575 S COVERED WAGON TR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	BRENNAN, LAWRENCE H.	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 1888	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICHESTER NH	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	HORNING, NANCY L	4.2 NAME	
STREET ADDRESS	13 CURTICE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD NH	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, MARTIN J	5.2 NAME	
STREET ADDRESS	1318 NELSON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BYRNES, LAWRENCE F	6.2 NAME	
STREET ADDRESS	RR 1 BOX 3770 MARTEL RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TUJUNGA CA	6.4 CITY-ST-ZIP	

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: Donna Covington 4/21/95 603-798-3801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483785 FN