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Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **L85375** **(8)**

1. Corporation Name
NEWLINK COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
17 OLD NASHUR RD AMHERST NH 03031 US	1318 NELSON AVE BOX 727 CHICHESTER NH 03263 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1990

2. Principal Place of Business	2a. Mailing Address
21 72 North Main St	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 SAME
City & State 23 Concord NH	City & State 28
Zip 24 03301 / Country 25	Zip 29 / Country 30

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENBERG, MARTIN J 1318 NELSON AVE CLEARWATER FL 34615	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	PD	☑ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	LICCIARDI, SAMUEL		1.2 NAME	Donna Covington	
STREET ADDRESS	RR 2, BOX 1891		1.3 STREET ADDRESS	307 E Rich Rd	
CITY-ST-ZIP	PITTSFIELD NH		1.4 CITY-ST-ZIP	Loudon NH 03301	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	CHICHESTER NH		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Donna Covington Donna Covington 4-6-98 603-223-6924