

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P01742

1. Corporation Name

~~RTK COMMUNICATIONS GROUP, INC.~~
RTK Corporation

(6) NAME Change
Filed 2/9/96



Principal Place of Business

120 FLORAL AVE.
NEW PROVIDENCE NJ 07974

Mailing Address

120 FLORAL AVE.
NEW PROVIDENCE NJ 07974

3. Date Incorporated or Qualified

04/24/1984

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COSGROVE, GLEN
10943 BRIGHTSIDE DRIVE
TAMPA FL 33624

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

(Sign three types or printed name of registered agent and state if applicable)

(Print Name of Registered Agent, signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE

NAME
THOMAS, RICHARD A.
STREET ADDRESS
12 HILLSIDE AVE
CITY - ST - ZIP
SUMMIT NJ

☐ DELETE

1.2 TITLE

NAME
TARTAGLIA, ROY D.
STREET ADDRESS
230 SPRINGFIELD AVE.
CITY - ST - ZIP
SUMMIT NJ

☐ DELETE

1.3 TITLE

NAME
FENWICK, GEORGE
STREET ADDRESS
P.O. BOX 189, NA
CITY - ST - ZIP
LITTLE YORK NJ

☐ DELETE

1.4 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.5 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

1.6 TITLE

NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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M.M.

3-18-96

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)