

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

**FILED**  
**Jan 23 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P01949 (7)**  
 1. Corporation Name  
**CCI COMNET COMMUNICATIONS, INC.**



Principal Place of Business Mailing Address  
**39 OLD RIDGEBURY ROAD DANBURY CT 06810 US**  
**39 OLD RIDGEBURY ROAD DANBURY CT 06810-5108 US**

3. Date Incorporated or Qualified **05/09/1984** 3a. Date of Last Report **04/02/1996**  
 4. FEI Number **22-2537495** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**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

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBERTSON, BOB</b>	
STREET ADDRESS	<b>39 OLD RIDGEBURY ROAD</b>	
CITY- ST- ZIP	<b>DANBURY CT</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MERRIFIELD, ALEX</b>	
STREET ADDRESS	<b>39 OLD RIDGEBURY ROAD</b>	
CITY- ST- ZIP	<b>DANBURY CT</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>BUCKOR, FRANK</b>	
STREET ADDRESS	<b>39 OLD RIDGEBURY RD</b>	
CITY- ST- ZIP	<b>DANBURY CT</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>VAUGHN, NORMA D.</b>	
STREET ADDRESS	<b>39 OLD RIDGEBURY ROAD</b>	
CITY- ST- ZIP	<b>DANBURY CT</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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: Alex Merrifield 01/14/97 203-794-8055  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

COMNET COMMUNICATIONS, INC.

OFFICERS & DIRECTORS

Frank T. MacInnis	Director, Chairman 7 Sturges Hollow, Westport, CT 06880 SSN: 447-74-5329
Bob Robertson	Director, President 810A Mey Crescent Dr., Stormville, NY 12582 SSN: 064-40-4518
William Bielmyer	Director, Senior Vice President, Treasurer P.O. Box 691, Ponte Vedra Beach, FL 32082 SSN: 248-76-3259
Alex Merrifield	Director, Senior Vice President, Finance 12 Western View Road, New Milford, CT 06776 SSN: 465-39-3439
Mike Thomas	Vice President 12577 Attrill Road, Jacksonville, FL 32258 SSN: 587-76-1459
Frank Bucior	Vice President 1361 Rte. 208, Wallkill, NY 12589 SSN: 156-58-0771
Norma Vaughn	Director, Vice President, Corporate Secretary 45 Canterbury Road, New Milford, CT 06776 SSN: 502-82-9259
Barnett Schwartzman	Vice President 18 Taunton Ridge Road, Newtown, CT 06470 SSN: 261-96-0824
William Bielmyer, II	Vice President 157 Shelter Rock Road #70, Danbury, CT 06810 SSN: 594-28-5886