

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$50.)

900 ea. Cr

PROFIT CORPORATION ANNUAL REPORT 1997



97-98
 ANDREW M. McARTHUR
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN 21 AM 9:10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P07472 (4)
 1. Corporation Name
 GENERAL DATACOMM, INC.



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Principal Place of Business ROUTE 63 MIDDLEBURY CT 06762-1299		Mailing Address ROUTE 63 MIDDLEBURY CT 06762-1299	
2. Principal Place of Business	2a. Mailing Address	21	26
22	27	23	28
24	25	29	30

3. Date Incorporated or Qualified 09/19/1985	3a. Date of Last Report 05/01/1996
4. FEI Number 06-1117085	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	300002414073--0
84 City	-01/28/98--0102073007 ***2700.06L ***900.00

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: *Patricia Pyrite* (NOTE: Registered Agent signature required when reinstating) DATE: 1/20/98

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, WILLIAM S.	
STREET ADDRESS	238 WEST LANE	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MODLIN, HOWARD S.	
STREET ADDRESS	1120 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	NESLER, DENNIS J.	
STREET ADDRESS	52 MERWIN BROOK	
CITY-ST-ZIP	BROOKFIELD CENTER CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, CHARLES P.	
STREET ADDRESS	1097 PEQUOT DR.	
CITY-ST-ZIP	SOUTHPORT CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BELSON, ROSS A.	
STREET ADDRESS	180 MOUNTAIN BROOK DR	
CITY-ST-ZIP	CHESHIRE CT	
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: *Patricia Pyrite* DATE: 10-14-97 383-524-118

CR2E034 (4/97)

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