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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14415

1. Corporation Name
COMMUNICATIONS SUPPLY CORPORATION

Principal Place of Business	Mailing Address
260 WEST AVENUE STAMFORD CT 06902	260 WEST AVENUE STAMFORD CT 06902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Communications Supply Corporation Suite, Apt. #, etc. 22 200 E Lies Road City & State 23 Carol Stream, IL Zip 24 60188 Country 25 USA	2a. Mailing Address 26 Communications Supply Corp. Suite, Apt. #, etc. 27 200 E Lies Rd City & State 28 Carol Stream, IL Zip 29 60188 Country 30 USA

3. Date Incorporated or Qualifed: 05/12/1987

4. FEI Number: 06-0961848 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ARNOLD, RICHARD
4205 34TH STREET
ORLANDO FL 32811

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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIORDAN, STEVE		1.2 NAME		
STREET ADDRESS	5 KNOLLWOOD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FLOSSMOOR IL		1.4 CITY-ST-ZIP		
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	FRAIOLI, ANGELO		2.2 NAME	Agostinelli, Richard	
STREET ADDRESS	825 HARMON DR		2.3 STREET ADDRESS	1167 Scott CT	
CITY-ST-ZIP	MAMARONCK NY		2.4 CITY-ST-ZIP	Naperville, IL 60540	
TITLE		☐ DELETE	3.1 TITLE	Secretary	☐ Change ☒ Addition
NAME			3.2 NAME	Diana Foust	
STREET ADDRESS			3.3 STREET ADDRESS	1256 Pheasant Ridge	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Lake Zurich, IL 60047	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: [illegible] RED 4/29/99 630 221 6790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)