

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P17415 (1)**

1. Corporation Name  
**GENERAL DATACOMM INDUSTRIES, INC.**



Principal Place of Business: **ROUTE 63 MIDDLEBURY CT 06762-1299**  
Mailing Address: **ROUTE 63 MIDDLEBURY CT 06762-1299**

3. Date Incorporated or Qualified: **12/29/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **06-0853856**  
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  
21. Suite, Apt. #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt. #, etc.  
28. City & State  
29. Zip  
30. Country

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  
85. Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>BELSON, ROSS</b>
STREET ADDRESS	<b>160 MOUNTAIN BROOK DR.</b>
CITY-ST-ZIP	<b>CHESHIRE CT</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>LAWRENCE, WILLIAM S.</b>
STREET ADDRESS	<b>236 WEST LANE</b>
CITY-ST-ZIP	<b>RIDGEFIELD CT</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>MODLIN, HOWARD S.</b>
STREET ADDRESS	<b>1120 PARK AVENUE</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>NESLER, DENNIS J.</b>
STREET ADDRESS	<b>52 MERWIN BROOK</b>
CITY-ST-ZIP	<b>BROOKFIELD CT</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JOHNSON, CHARLES P.</b>
STREET ADDRESS	<b>1097 PEQUOT DR.</b>
CITY-ST-ZIP	<b>SOUTHPORT CT</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CRONIN, FREDRICK R.</b>
STREET ADDRESS	<b>10 KASSEL COURT</b>
CITY-ST-ZIP	<b>MAMARONECK NY</b>

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

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: *Dennis J. Nesler*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

CR2E034 (12/95)