

**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: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Dr. B. McArthur
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 21 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17415
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

REINSTATEMENT
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)
23. City & State
24. Zip Country

3. Date Incorporated or Qualified: 12/29/1987
3a. Date of Last Report: 05/01/1996
4. FEI Number: 06-0853856
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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) 400002414074--7, 83 -01/28/98--01020--007, 84 City ***2700.00 ***300.00 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 607.0505, Florida Statutes.

SIGNATURE: Patricia [Signature] 1/20/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELSON, ROSS	12 NAME	
STREET ADDRESS	160 MOUNTAIN BROOK DR.	13 STREET ADDRESS	
CITY-ST-ZIP	CHESHIRE CT	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, WILLIAM S.	22 NAME	
STREET ADDRESS	236 WEST LANE	23 STREET ADDRESS	
CITY-ST-ZIP	RIDGEFIELD CT	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODLIN, HOWARD S.	32 NAME	
STREET ADDRESS	1120 PARK AVENUE	33 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NESLER, DENNIS J.	42 NAME	
STREET ADDRESS	52 MERWIN BROOK	43 STREET ADDRESS	
CITY-ST-ZIP	BROOKFIELD CT	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES P.	52 NAME	
STREET ADDRESS	1097 PEQUOT DR.	53 STREET ADDRESS	
CITY-ST-ZIP	SOUTHPORT CT	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRONIN, FREDRICK R.	62 NAME	
STREET ADDRESS	10 KASSEL COURT	63 STREET ADDRESS	
CITY-ST-ZIP	MAMARONECK NY	64 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: [Signature] 10-14-97 203-574-1118

CR2E034 (4/97)