

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



97-98
(1)
ANDREA B. MOSEMAN
Secretary of State
DIVISION OF CORPORATIONS

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified
12/29/1987

3a. Date of Last Report
05/01/1996

4. FEI Number

06-0853856

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

400002414074--7

-01/28/98--01020--007

83 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

P
NAME BELSON, ROSS
STREET ADDRESS 100 MOUNTAIN BROOK DR.
CITY-ST-ZIP CHESHIRE CT

TITLE ☐ DELETE

V
NAME LAWRENCE, WILLIAM S.
STREET ADDRESS 230 WEST LANE
CITY-ST-ZIP RIDGEFIELD CT

TITLE ☐ DELETE

SD
NAME MODLIN, HOWARD S.
STREET ADDRESS 1120 PARK AVENUE
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE

T
NAME NESLER, DENNIS J.
STREET ADDRESS 52 MERWIN BROOK
CITY-ST-ZIP BROOKFIELD CT

TITLE ☐ DELETE

D
NAME JOHNSON, CHARLES P.
STREET ADDRESS 1097 PEQUOT DR.
CITY-ST-ZIP SOUTHPORT CT

TITLE ☐ DELETE

D
NAME CRONIN, FREDRICK R.
STREET ADDRESS 10 KASSEL COURT
CITY-ST-ZIP MAMARONECK NY

13. 11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

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: [Signature]

10-14-97

203-574-1118

FILED

98 JAN 21 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

CR2E034 (4/97)