

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 12, 1999 8:00 am  
Secretary of State

03-12-1999 90017 016 \*\*\*450.00

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/29/1987

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE P  
NAME BELSON, ROSS  
STREET ADDRESS 160 MOUNTAIN BROOK DR.  
CITY-ST-ZIP CHESHIRE CT

TITLE V ☒ DELETE  
NAME LAWRENCE, WILLIAM S.  
STREET ADDRESS 236 WEST LANE  
CITY-ST-ZIP RIDGEFIELD CT

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☒ Addition

1.1 TITLE VP/CO  
1.2 NAME Henry William G.  
1.3 STREET ADDRESS 145 Sherwood Rd  
1.4 CITY-ST-ZIP Ewton Ct 06612

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 60, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

203 574-1112

25814

CR2E034 (11/98)