


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

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

03-12-1999 90017 016 ***450.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/29/1987	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 06-0853856	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VP/ CFO
1.3 STREET ADDRESS	Henry William G.
1.4 CITY-ST-ZIP	145 Sherwood Rd Eaton Ct 06612
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 _____ Date _____ 203 574-1112 Daytime Phone # _____

CR2E034 (11/98)