

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

PROFIT CORPORATION ANNUAL REPORT '1996



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

DOCUMENT # **P22570** (6)

1. Corporation Name
ARCH SOUTHEAST COMMUNICATIONS, INC.



Principal Place of Business: **2893 NORTH HARBOR CITY BOULEVARD MELBOURNE FL 32935 US**
Mailing Address: **1800 WEST PARK 250 WESTBOROUGH MA 01581 US**

3. Date Incorporated or Qualified: **01/13/1989**
3a. Date of Last Report: **05/08/1995**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **62-1298311**
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301**

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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BAKER, C.E.	
STREET ADDRESS	1800 WEST PARK DR, SUITE 250	
CITY-ST-ZIP	WESTBORO MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAYNOR, J.B.	
STREET ADDRESS	1800 WEST PARK DR, SUITE 250	
CITY-ST-ZIP	WESTBORO MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATZKE, G.B.	
STREET ADDRESS	745 ATLANTIC AVE, 10 FL	
CITY-ST-ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, WILLIAM A	
STREET ADDRESS	1800 WEST PARK DR, SUITE 250	
CITY-ST-ZIP	WESTBORO MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CIMMINO, GERALD J	
STREET ADDRESS	1800 WEST PARK DR SUITE 250	
CITY-ST-ZIP	WESTBORO MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	HILLERY, FRANK	
STREET ADDRESS	1800 W. PARK DR. STE. 250	
CITY-ST-ZIP	WESTBORO MA	

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	
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 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: *Gerald J. Cimmino* **Gerald J. Cimmino** 4/19/96 (508) 870-6000
DATE: _____ DAYTIME PHONE: _____

CR2E034 (12/95)