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 # P24040 (8)

1. Corporation Name

MAINSTREAM ACCESS INC.

Principal Place of Business

310 MADISON AVENUE. SUITE 2108
NEW YORK NY 10017

Mailing Address

310 MADISON AVE
2108
NEW YORK NY 10017
US

3. Date Incorporated or Qualified: 04/25/1989

3a. Date of Last Report: 07/19/1995

4. FEI Number: 13-2977953 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 20 Signal RD
Suite, Apt. #, etc.
22
City & State
23 Stamford
Zip
24 Ct
Country
25 06902

2a. Mailing Address
26 20 Signal Rd
Suite, Apt. #, etc.
27
City & State
28 Stamford Ct
Zip
29 06902
Country
30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	P/T	☒ DELETE
NAME	PILDER, RICHARD	
STREET ADDRESS	310 MADISON AVE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VPS	☒ DELETE
NAME	AHEARN, JOHN	
STREET ADDRESS	222 W LAS COLINAS BLVD, STE 1650	
CITY-ST-ZIP	IRVING TX	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES	☑ Change ☐ Addition
1.2 NAME	Richard J. Pilder.	
1.3 STREET ADDRESS	20 Signal Road	
1.4 CITY-ST-ZIP	Stamford Ct 06902.	
2.1 TITLE	VP	☑ Change ☐ Addition
2.2 NAME	Daniel Cahn.	
2.3 STREET ADDRESS	12828 Northup Way.	
2.4 CITY-ST-ZIP	Bellevue WA 98005	
3.1 TITLE	SEC	☐ Change ☑ Addition
3.2 NAME	Patricia Brawne Zak	
3.3 STREET ADDRESS	20 Signal Rd	
3.4 CITY-ST-ZIP	Stamford Ct 06902	
4.1 TITLE	Tres	☐ Change ☑ Addition
4.2 NAME	Eileen Lavin	
4.3 STREET ADDRESS	20 Signal	
4.4 CITY-ST-ZIP	Stamford Ct 06902.	
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		

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***25.00

7-13-96

000001894370
-07/16/96--01066--014
***200.00

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: Eileen Lavin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 800.551.0227
Date Daytime Phone #

CR2E034 (12/95)