

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25985 1. Corporation Name: ASCOM COMMUNICATIONS INC.	(3)
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Principal Place of Business: 1601 CLINT MOORE RD. BOCA RATON FL 33487	Mailing Address: 400 CHESTNUT RIDGE RD. TAX DEPT. WOODCLIFF LAKE NJ 07675 US
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2. Principal Place of Business 21 400 Chestnut Ridge Rd. State Apt # etc 22 Tax Dept. City & State 23 Woodcliff Lake, NJ Zip 24 07675	2a. Mailing Address 26 State Apt # etc 27 City & State 28 Zip 30
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DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 09/07/1989	3a. Date of Last Report 01/21/1994
4. FEI Number 13-3414506	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 interstate tax under S. 199(2)(c) Florida Statutes. ☐ Yes ☒ No	

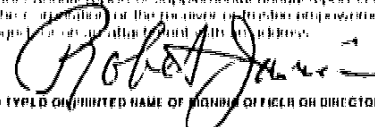
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. I, the undersigned, the person or persons named in Item 9 and Item 10 of this form, Florida Statutes, the person named corporation submits this statement for the purpose of changing its registered office. I hereby certify that the information provided in this statement is true and correct. I hereby certify that the information provided in this statement is true and correct. I hereby certify that the information provided in this statement is true and correct.

12. OFFICERS, DIRECTORS, AND OTHER KEY PERSONNEL	13. ADDITIONAL CHANGES, REQUESTS, AND DIRECT INFORMATION																																																																		
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in the Florida Statutes. I further certify that the information included in this statement is true and correct. I hereby certify that the information provided in this statement is true and correct. I hereby certify that the information provided in this statement is true and correct.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR	/ /95	(201) 391-1111
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