

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 # P25985 (3)

1. Corporation Name

ASCOM COMMUNICATIONS INC.



Principal Place of Business

400 CHESTNUT RIDGE ROAD  
TAX DEPT.  
WOODCLIFF LAKE NJ 07675  
US

Mailing Address

400 CHESTNUT RIDGE RD.  
TAX DEPT.  
WOODCLIFF LAKE NJ 07675  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
09/07/1989

3a. Date of Last Report  
05/01/1995

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 intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New 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

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 of the person named as registered agent and title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
PD WEISBURG, NOBERT  
STREET ADDRESS  
19 FOREST PARKWAY  
CITY-ST-ZIP  
SHELTON CT

TITLE ☐ DELETE

NAME  
S CARRERAS, JEAN-FRANCOIS  
STREET ADDRESS  
1114 AVENUE OF THE AMERICAS  
CITY-ST-ZIP  
NEW YORK NY

TITLE ☐ DELETE

NAME  
D KAMBER, URS  
STREET ADDRESS  
BOLLIGENSTR 56, 3000 BERN 22  
CITY-ST-ZIP  
SWITZERLAND

TITLE ☐ DELETE

NAME  
D CAFFI, ERNST  
STREET ADDRESS  
3000 BERN 22  
CITY-ST-ZIP  
BOLLIGENSTR 56 SWTZLD

TITLE ☐ DELETE

NAME  
V DAVIDSON, GARY  
STREET ADDRESS  
1601 CLINT MOORE ROAD  
CITY-ST-ZIP  
BOCA RATON FL 33487

TITLE ☐ DELETE

NAME  
T JANIA, ROBERT  
STREET ADDRESS  
41 PINE STREET  
CITY-ST-ZIP  
ROCKAWAY NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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: Robert Jania ROBERT JANIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (201)391-1111

CR2E034 (12/95)