

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90114 006 ***150.00

DOCUMENT # **P26825**

1. Corporation Name

EXECUTONE INFORMATION SYSTEMS, INC.



Principal Place of Business

478 WHEELERS FARM ROAD
C/O LEGAL DEPARTMENT
MILFORD CT 06460-1847
US

Mailing Address

478 WHEELERS FARMS RD
C/O LEGAL DEPARTMENT
MILFORD CT 06460-1847
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/07/1989

4. FEI Number

86-0449210

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PCD** ☒ DELETE
NAME **KESMAN, ALAN STUART**
STREET ADDRESS **11 HEDGEROW LANE**
CITY-ST-ZIP **GREENWICH CT**

TITLE **V** ☐ DELETE
NAME **YACENDA, MICHAEL WILSON**
STREET ADDRESS **705 HUNTINGTON RIDGE RD.**
CITY-ST-ZIP **STAMFORD CT**

TITLE **VSGC** ☐ DELETE
NAME **ANDERSON, BARBARA CAROL**
STREET ADDRESS **3 DEEPWOOD RD**
CITY-ST-ZIP **WILTON CT**

TITLE **V** ☒ DELETE
NAME **KONTOMERKOS, ANDREW**
STREET ADDRESS **10 RUTLEE DR.**
CITY-ST-ZIP **TRUMBULL, CN**

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. & CEO** ☒ Change ☐ Addition
1.2 NAME **Kabala, Stanley J.**
1.3 STREET ADDRESS **120 Stillson Rd.**
1.4 CITY-ST-ZIP **Fairfield, CT 06430**

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 **David Krietzberg** ☒ Change ☐ Addition
4.2 NAME **Treas. & Asst. Sec.**
4.3 STREET ADDRESS **40 Old Wagon Rd.**
4.4 CITY-ST-ZIP **Ridgefield, CT 06877**

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 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 607, 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:

Barbara C. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/99 **(203) 876-7600**
Date Daytime Phone #

CR2E034 (11/98)