

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P27428** (2)
1. Corporation Name
PICTURETEL CORPORATION

Principal Place of Business
**100 MINUTEMAN ROAD
ANDOVER MA 01810**

Mailing Address
**100 MINUTEMAN ROAD
ANDOVER MA 01810**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/26/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2835972	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
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 _____ (Signature, typed or printed name of registered agent and title, if applicable) (NO) Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	P
NAME	GAUT, NORMAN E.	1.2 NAME	Bruce R Bond
STREET ADDRESS	100 MINUTEMAN ROAD	1.3 STREET ADDRESS	100 Minuteman Road
CITY-ST-ZIP	ANDOVER MA 01810	1.4 CITY-ST-ZIP	Andover, MA 01810
TITLE	D	2.1 TITLE	VST
NAME	KNIGHT, ROBERT T	2.2 NAME	Richard B. Goldman
STREET ADDRESS	100 MINUTEMAN ROAD	2.3 STREET ADDRESS	100 Minuteman Road
CITY-ST-ZIP	ANDOVER MA 01810	2.4 CITY-ST-ZIP	Andover, MA 01810
TITLE	D	3.1 TITLE	C
NAME	KHOSLA, VINOD	3.2 NAME	Norman E. Gaut
STREET ADDRESS	100 MINUTEMAN ROAD	3.3 STREET ADDRESS	100 Minuteman Road
CITY-ST-ZIP	ANDOVER MA 01810	3.4 CITY-ST-ZIP	Andover, MA 01810
TITLE	D	4.1 TITLE	
NAME	LEVI, DAVID B.	4.2 NAME	
STREET ADDRESS	100 MINUTEMAN ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SWARTZ, JAMES R.	5.2 NAME	
STREET ADDRESS	100 MINUTEMAN ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	5.4 CITY-ST-ZIP	
TITLE	VST	6.1 TITLE	
NAME	STRAUSS, LES	6.2 NAME	
STREET ADDRESS	100 MINUTEMAN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA 01810	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.

SIGNATURE:  Richard B Goldman 4/27/98 (978) 292-5000

CR2E034 (10/97)