

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
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90016 046 ***150.00

DOCUMENT # P27428

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

3. Date Incorporated or Qualified

12/26/1989

4. FEI Number

04-2835972

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

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24

25

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29

30

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

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	C	<input checked="" type="checkbox"/> DELETE
NAME	GAUT, NORMAN E.	
STREET ADDRESS	100 MINUTEMAN ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KNIGHT, ROBERT T	
STREET ADDRESS	100 MINUTEMAN ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRUCE R BOND	
STREET ADDRESS	100 MINUTEMAN ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVI, DAVID B.	
STREET ADDRESS	100 MINUTEMAN ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWARTZ, JAMES R.	
STREET ADDRESS	100 MINUTEMAN ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	RICHARD B GOLDMAN	
STREET ADDRESS	100 MINUTEMAN ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Bruce R Bond	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C	
1.3 STREET ADDRESS	100 Minuteman Rd	
1.4 CITY-ST-ZIP	Andover MA 01810	
2.1 TITLE	CFO/IT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Art Fatum	
2.3 STREET ADDRESS	100 Minuteman Rd	
2.4 CITY-ST-ZIP	Andover MA 01810	
3.1 TITLE	VP/Controller	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard Huak	
3.3 STREET ADDRESS	100 Minuteman Rd	
3.4 CITY-ST-ZIP	Andover MA 01810	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	W Robert Kellegrew, Jr	
4.3 STREET ADDRESS	100 Minuteman Rd	
4.4 CITY-ST-ZIP	Andover MA 01810	
5.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	David Grainger	
5.3 STREET ADDRESS	100 Minuteman Rd	
5.4 CITY-ST-ZIP	Andover MA 01810	
6.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gary Bond	
6.3 STREET ADDRESS	100 Minuteman Rd	
6.4 CITY-ST-ZIP	Andover MA 01810	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/4/99 978-292-5000

CR2E034 (1/198)

000046E