FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 10: 15

DOCUMENT # **P32730** **(4)**

1. Corporation Name
REALCOM OFFICE COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
2030 POWERS FERRY RD. STE. 580 ATLANTA GA 30339	2030 POWERS FERRY RD. STE. 580 ATLANTA GA 30339

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/07/1991
3a. Date of Last Report: 03/29/1994
4. FEI Number: 58-1868962 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when furnishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	11 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	MCNAMEE, CHARLES B.	12 NAME		
STREET ADDRESS	8685 RIVER TRACE	13 STREET ADDRESS		
CITY-ST-ZIP	ROSWELL GA	14 CITY-ST-ZIP		
TITLE	DS	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	CUNNINGHAM, JOHN E	22 NAME	WILLIAM DONALD DAVENPORT	
STREET ADDRESS	5745 GROVE POINT RD	23 STREET ADDRESS	1437 WINTERCRESS COURT	
CITY-ST-ZIP	ALPHARETTA GA	24 CITY-ST-ZIP	MARIETTA GA 30066	
TITLE	D	31 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	KELLETT, STILES A., JR.	32 NAME	JAMES DE POLO	
STREET ADDRESS	200 GALLERIA PKWY	33 STREET ADDRESS	1360 JONES, SUITE 802	
CITY-ST-ZIP	ATLANTA GA	34 CITY-ST-ZIP	SAN FRANCISCO CA 94109	
TITLE	D	41 TITLE	VICE PRESIDENT-CONTROLLER	☒ Change ☐ Addition
NAME	DELANEY, PAT	42 NAME	GREGG ORF	
STREET ADDRESS	8585 OLDE PACER POINT	43 STREET ADDRESS	808 CRESTLINE DRIVE	
CITY-ST-ZIP	ROSWELL GA	44 CITY-ST-ZIP	SMYRNA GEORGIA 30080	
TITLE	D	51 TITLE	VP	☒ Change ☐ Addition
NAME	MANDERSON, LEWIS M., JR.	52 NAME	ROBERT J. GEDROSE	
STREET ADDRESS	100 CUMBERLAND CIR #970	53 STREET ADDRESS	1800 9th STREET WEST	
CITY-ST-ZIP	ATLANTA GA	54 CITY-ST-ZIP	KIRKLAND WASHINGTON 98033	
TITLE	D	61 TITLE	VP	☒ Change ☐ Addition
NAME	SMITH, DIANE	62 NAME	JACK E. SANDERS	
STREET ADDRESS	39 WEST 95TH ST #3	63 STREET ADDRESS	317 MATHESON COURT	
CITY-ST-ZIP	NEW YORK NY	64 CITY-ST-ZIP	COPPELL TEXAS 75019	

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)(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, added or deleted with an address.

SIGNATURE: _____ GREGG ORF 3-29-95 404-859-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #