		PI FASE READ		TRUCTIONS	S REFORE (COMPLET	ING THIS FORM		
FOR BEINSTATEMENT				DA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		·)			
DOCUMENT # /33909						1	98 NOV 10 PM	112: 24	
Soft-Switch, Inc.						SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Pl	lace of Busin	iess	Mailing Addr	ress	<u> </u>	_			
	.ee Roa ≥, NJ I			55 Cambridge Parkway Cambridge, MA 02142 Attn: General Counsel			2 	·= 96-976-	
If above addresses are incorrect in any way, line through incorrect i				information and enter correction below.			STATEMEN	(1, ,)	
				ling Office Address, If	Applicable		Date Incorporated or Qualified To Do Business in Florida 5//3/9/		
Suite, Apt.	. <u> </u>			Suite, Apt. #, etc.			5. FEI Number Applied For		
City & State			City & State			2302119097 Not Applicable			
Zip Country			Zip	Zip Country			CERTIFICATE OF STATUS DESIRED Correction for a Certificate of Status		
7. Names and Street Addresses of Each Officer and/or Director Name of Officers				,	ations must list at lea			-	
Title(s) and/or Directors				Off	fficer and/or Director lse Post Office Box N	r	City / 5	State / Zip	
Pres/ Dir Melinda Brown				55 Cambridge Parkway			Cambridge, N	MA 02142	
Treas/Sec/ Dir Jung-Ock Starrett				55 Cambridge Parkway			Cambridge, N	1A 02142	
Dir	Dir Michael Zisman			55 Cambridge Parkway			Cambridge, N	1A 02142	
-				11			00002686 -11/12/98 ***1050.00	53215 01089-011 ***1050.00.	
	Q Nar	me and Address of Current	Pacietared Age			2 Name and A	Advance of Many Designation	·	
GT		PORATION SY		ent.	Name	9. Name and A	Address of New Registered	I Agent	
		PINE ISLAND			Street Address (F	P.O. Box Number i	is Not Acceptable)		
PLANTATION, FL 33324 Suite, Apt. *, Etc									
					City		Stat		
10. I, being Signature of Registered A		ne registered agent of the about	ive named corpo	oration, am familiar wi CONNIE BR SPECIAL ASS ENT MOST SIGNS		bligations of Section			
11. Thi	s corpo angible	oration owes or he Personal Propert	as paid th ty tax due	ar Yes 🏻	No (See other side for information on intangible tax.)				
this reins owed by	statement app the corporat	officer or director or the receiplication, the reason for disso tion have been paid and the true and accurate, and my sl	olution has been πames of individi	eliminated, the corpor luals listed on this form	orate name satisfies t m do not qualify for a	the requirements of an exemption und	of section 607.0401 or 617.0	0401, F.S., that all fees	

Jung-Ock Starrett, Treasurer and Secretary

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/98 6/7/577-8500 W