

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR 21 PM 3:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P34294** (9)  
1. Corporation Name  
**DIGITRAN COMMUNICATION SERVICES CORPORATION**

Principal Place of Business Mailing Address  
**379 THORNALL ST EDISON NJ 08837 US** **379 THORNALL ST EDISON NJ 08837 US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **06/13/1991** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>11-3025769</b>	Not Applicable
<b>22</b> City & State	<b>27</b> City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>23</b> Zip	<b>28</b> Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
<b>24</b> Country	<b>29</b> Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		<b>81</b> Name		
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
		<b>83</b>		
		<b>84</b> City	<b>FL</b>	<b>85</b> 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 firm if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURAWSKI, THOMAS</b>	1.2 NAME	
STREET ADDRESS	<b>379 THORNALL ST</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EDISON NJ</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALIAPOULOS, PETER</b>	2.2 NAME	
STREET ADDRESS	<b>641 BLUE SPRUCE DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DANVILLE CA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACALUSO, PETER S.</b>	3.2 NAME	
STREET ADDRESS	<b>379 THORNALL ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>EDISON NJ</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOWLEY, PETER A</b>	4.2 NAME	
STREET ADDRESS	<b>185 BERRY STR STE 5100</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SAN FRANCISCO CA</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAZEN, JEFFREY</b>	5.2 NAME	
STREET ADDRESS	<b>3000 SANDHILL ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MENLO PARK CA</b>	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 110.07(3)(k), 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: *Peter S. Macaluso* **PETER S. MACALUSO, VICE PRESIDENT** 3/21/95 908 906-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type or Print Name)