

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **06/13/1991**
3a. Date of Last Report: **04/21/1995**
4. FEI Number: **11-3025769**
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
21 **399 Thornall St.**
22 Suite, Apt. #, etc.
23 **Edison NJ**
24 **08837** 25 **USA**
26 **399 Thornall St.**
27 Suite, Apt. #, etc.
28 **Edison NJ**
29 **08837** 30 **USA**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MURAWSKI, THOMAS	
STREET ADDRESS	379 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KALIAROPOULOS, PETER	
STREET ADDRESS	641 BLUE SPRUCE DR	
CITY-ST-ZIP	DANVILLE CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MACALUSO, PETER S.	
STREET ADDRESS	379 THORNALL ST	
CITY-ST-ZIP	EDISON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOWLEY, PETER A	
STREET ADDRESS	185 BERRY STR STE 5100	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DRAZEN, JEFFREY	
STREET ADDRESS	3000 SANDHILL ROAD	
CITY-ST-ZIP	MENLO PARK CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Costa
2.3 STREET ADDRESS	50 FRANCISCO STREET Suite 105
2.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94133
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 119.07(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* 4/24/96 908-908-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)