

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P34294 (9)
1. Corporation Name
FAXSAV INCORPORATED



Principal Place of Business: 399 THORNALL ST. EDISON NJ 08837 US
Mailing Address: 399 THORNALL ST. EDISON NJ 08837-2236 US

3. Date Incorporated or Qualified: 06/13/1991
3a. Date of Last Report: 05/01/1996
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 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 reinstating)

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	COSTA, WILLIAM	
STREET ADDRESS	50 FRANCISCO STREET SUITE 105	
CITY-ST-ZIP	SAN FRANCISCO 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

1.1 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	DIRECTOR
2.3 STREET ADDRESS	ROBERT LABANT
2.4 CITY-ST-ZIP	2425 OLYMPIC AVE. SANTA MONICA CA 90404
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 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.

SIGNATURE: *[Signature]* 908-906-7000

CR2E034 (9/96)