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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P35341** **(7)**

1. Corporation Name
PROCOMM TELECOMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
1479 PARKER RD., SUITE 700 POST OFFICE BOX 81221 CONYERS GA 30208	1479 PARKER RD., SUITE 700 POST OFFICE BOX 81221 CONYERS GA 30208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/03/1991

2. Principal Place of Business	2a. Mailing Address
21 1377 BUSINESS CENTER DR	26 1377 BUSINESS CENTER DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CONYERS GA	City & State 28 CONYERS GA
Zip 24 30094 Country 25 ROCKDALE	Zip 29 30094 Country 30 ROCKDALE

4. FEI Number: 58-1927156 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REARDON, CLAIRE F. 2303 HUGH EDWARDS DR., JACKSONVILLE FL 32210-4997	81 Name: NORMAN F. Barncord 82 Street Address (P.O. Box Number is Not Acceptable): 7012 Biddy Lane 83 84 City: Jacksonville FL 85 Zip Code: 32210

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: Norman F. Barncord — NORMAN F. BARNCORD — DATE: 4/24/98
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	REARDON, THOMAS B.		1.2 NAME		
STREET ADDRESS	4390 BOWEN RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	STOCKBRIDGE GA		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	REARDON, CATHY S.		2.2 NAME		
STREET ADDRESS	4390 BOWEN RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	STOCKBRIDGE GA		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. I 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: Claire F. Reardon — 4/20/98 — 770-760-8440