

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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90165 016 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P37423**

1. Corporation Name  
**RAM COMMUNICATIONS GROUP, INC.**

Principal Place of Business  
**10 WOODBRIDGE CENTER DRIVE  
WOODBIDGE NJ 07095**

Mailing Address  
**ATTN: VALERIE J. KHOSHINAT  
10 WOODBRIDGE CENTER DRIVE  
WOODBIDGE NJ 07095  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/10/1992**

4. FEI Number

**22-3144105**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH ST., SUITE 305  
NORTH MIAMI BEACH FL 33162**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **HARRELL, MICHAEL K**

STREET ADDRESS **1155 PEACHTREE ST. N.E.**

CITY-ST-ZIP **ATLANTA GA 30309-3610**

TITLE **VTCF** ☐ DELETE

NAME **GARDNER, J.D.**

STREET ADDRESS **1155 PEACHTREE ST. N.E.**

CITY-ST-ZIP **ATLANTA GA 30309-3610**

TITLE **VS** ☐ DELETE

NAME **HILLMAN, ARTHUR B**

STREET ADDRESS **1155 PEACHTREE ST. N.E.**

CITY-ST-ZIP **ATLANTA GA 30309-3610**

TITLE **V** ☒ DELETE

NAME **COWAN, KEITH O**

STREET ADDRESS **1155 PEACHTREE ST. N.E.**

CITY-ST-ZIP **ATLANTA GA 30309-3610**

TITLE **V** ☒ DELETE

NAME **SHACKLEFORD, STEVE D**

STREET ADDRESS **1155 PEACHTREE ST. N.E.**

CITY-ST-ZIP **ATLANTA GA 30309-3610**

TITLE **V** ☐ DELETE

NAME **HOBBS, JAMES C D**

STREET ADDRESS **1155 PEACHTREE ST. N.E.**

CITY-ST-ZIP **ATLANTA GA 30309-3610**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1100 Peachtree Street, NE**

**Atlanta, GA 30309-4599**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

**1100 Peachtree St, NE**

**Atlanta, GA 30309-4599**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

**S**

**1100 Peachtree Street, NE**

**Atlanta, GA 30309-4599**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**AS**

**Joyce Clower Irvine**

**1155 Peachtree St., NE**

**Atlanta, GA 30309-3610**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**V AS**

**Michael White**

**10 Woodbridge Center Dr.**

**Woodbridge, NJ 07095**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

*Michael White*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Michael White**

**Vice President &  
Assistant Secretary**

**2/3/99**

Daytime Phone #

CR2E034 (11/98)