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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P37423

1. Corporation Name
RAM COMMUNICATIONS GROUP, INC.

Principal Place of Business 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095	Mailing Address ATTN: VALERIE J. KHOSHINAT 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 02/10/1992	
4. FEI Number 22-3144105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST., SUITE 305
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	HARRELL, MICHAEL K	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	VTCF	<input type="checkbox"/> DELETE
NAME	GARDNER, J.D.	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HILLMAN, ARTHUR B	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COWAN, KEITH O	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHACKLEFORD, STEVE D	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOBBS, JAMES C D	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1100 Peachtree Street, NE
1.4 CITY-ST-ZIP	Atlanta, GA 30309-4599
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1100 Peachtree St, NE
2.4 CITY-ST-ZIP	Atlanta, GA 30309-4599
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	1100 Peachtree Street, NE
3.4 CITY-ST-ZIP	Atlanta, GA 30309-4599
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AS
4.3 STREET ADDRESS	Joyce Clower Irvine
4.4 CITY-ST-ZIP	1155 Peachtree St., NE Atlanta, GA 30309-3610
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V AS
5.3 STREET ADDRESS	Michael White
5.4 CITY-ST-ZIP	10 Woodbridge Center Dr. Woodbridge, NJ 07095
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 Michael White 2/3/99
 Vice President
 Assistant Secretary

CR2E034 (11/98)