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FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P37434** (8)
1. Corporation Name
TRANS NATIONAL COMMUNICATIONS, INC.

Principal Place of Business

**133 FEDERAL ST
BOSTON MA 02110
US**

Mailing Address

**133 FEDERAL ST
BOSTON MA 02110
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

02/10/1992

4. FEI Number

04-3118141

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FURBUSH, DOUGLAS D.**
STREET ADDRESS **133 FEDERAL STREET**
CITY-ST-ZIP **BOSTON MA**
☐ DELETE

TITLE **S**
NAME **JACOBS, JUDITH I**
STREET ADDRESS **133 FEDERAL ST**
CITY-ST-ZIP **BOSTON MA**
☐ DELETE

TITLE **T**
NAME **ADAMS, TIMOTHY M**
STREET ADDRESS **133 FEDERAL ST**
CITY-ST-ZIP **BOSTON MA**
☒ DELETE

TITLE **D**
NAME **BELKIN, JOAN**
STREET ADDRESS **2 CHARLESGATE WEST**
CITY-ST-ZIP **BOSTON MA**
☐ DELETE

TITLE **D**
NAME **ROGOFF, BRUCE E**
STREET ADDRESS **133 FEDERAL ST**
CITY-ST-ZIP **BOSTON MA**
☐ DELETE

TITLE **D**
NAME **BELKIN, STEVEN**
STREET ADDRESS **2 CHARLESGATE W**
CITY-ST-ZIP **BOSTON MA**
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☒ Addition
32 NAME **Bruce Rogoff**
33 STREET ADDRESS **133 Federal Street**
34 CITY-ST-ZIP **Boston, MA**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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

SIGNATURE

Judith Jacobs

Bruce Rogoff

133 Federal Street

CR2E034 (10/97)