

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P38630** (0)
1. Corporation Name
POLARNET COMMUNICATIONS CORP.

95 JAN 19 AM 11:03

Principal Place of Business Mailing Address
300 CORPORATE CENTER DRIVE MANALAPAN NJ 33726

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/05/1992** 3a. Date of Last Report **02/02/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		95-4330672		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip		Country		29		30	
24		25		29		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MARK W.	1.2 NAME	RONALD J. POLLI
STREET ADDRESS	33 OXFORD ROAD	1.3 STREET ADDRESS	241 SOUTH SHORE DRIVE
CITY-ST-ZIP	MANALAPAN NJ	1.4 CITY-ST-ZIP	TOMS RIVER NJ
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLI, RONALD J.	2.2 NAME	
STREET ADDRESS	241 SO SHORE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TOMS RIVER NJ	2.4 CITY-ST-ZIP	
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOX, E. W. RICHARD	3.2 NAME	
STREET ADDRESS	22212 VENTURA BLVD., STE. 230	3.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVERY, DOUGLAS E.	4.2 NAME	
STREET ADDRESS	300 CORPORATE CENTER DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MANALAPAN NJ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(1)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-95

Date

908-462-7600

Telephone #