

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P38630** (0)  
1. Corporation Name

**POLARNET COMMUNICATIONS CORP.**



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

3. Date Incorporated or Qualified **05/05/1992** 3a. Date of Last Report **01/19/1995**  
4. FEI Number **95-4330672** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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

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

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

11. Pursuant to the provisions of s. 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 this state, which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and the office is located at, the above address.  
7.0505-Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLI, RONALD J	1.2 NAME	Douglas E. Savery
STREET ADDRESS	24 SOUTH SHORE DRIVE	1.3 STREET ADDRESS	300 Corporate Center Dr.
CITY-ST-ZIP	TOMS RIVER NJ	1.4 CITY-ST-ZIP	Manalapan, NJ 07726 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD	2.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST	3.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD	4.1 TITLE	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**600001919688**  
**-08/13/96--01025--006**  
**\*\*\*225.00**

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 119.07(3)(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: \_\_\_\_\_ DATE: **8-8-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)