

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

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P40838 (5)
1. Corporation Name
XPEDITE SYSTEMS, INC.



Principal Place of Business Mailing Address
448 HIGHWAY 35 448 HIGHWAY 35
EATONTOWN NJ 07724 EATONTOWN NJ 07724

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1 INDUSTRIAL WAY WEST		26 1 INDUSTRIAL WAY WEST		09/29/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Building D		27 Building D		22-2903158	
City & State		City & State		Applied For	
23 EATONTOWN NJ		28 EATONTOWN NJ		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 07724		29 07724		30	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
25		30		Yes No	

9. Name and Address of Current Registered Agent

HQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	BAKER, JOHN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	JONES, BOLAND	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	445 PARK AVENUE, 11TH FLOOR			1.2 NAME	1 INDUSTRIAL WAY WEST		
STREET ADDRESS	NEW YORK NY			1.3 STREET ADDRESS	EATONTOWN NJ 07724		
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	D	EPSTEIN, DAVID	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D	ALLRED, JEFFREY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	8 WEDGEWOOD RD			2.2 NAME	1 INDUSTRIAL WAY WEST		
STREET ADDRESS	WESTPORT CT			2.3 STREET ADDRESS	EATONTOWN NJ 07724		
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	P	ANDERSEN, ROY B., JR.	<input type="checkbox"/> DELETE	3.1 TITLE	P/O		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9 LAMBERT LANE			3.2 NAME	1 INDUSTRIAL WAY WEST		
STREET ADDRESS	UPPER SADDLE RIV. NJ			3.3 STREET ADDRESS	EATONTOWN NJ 07724		
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	VS	VATERS, ROBERT	<input type="checkbox"/> DELETE	4.1 TITLE			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	448 HIGHWAY 35			4.2 NAME	1 INDUSTRIAL WAY WEST		
STREET ADDRESS	EATONTOWN NJ			4.3 STREET ADDRESS	EATONTOWN NJ 07724		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	CHEFITZ, ROBERT	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	JONES, PATRICK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	445 PARK AVENUE, 11TH FLOOR			5.2 NAME	1 INDUSTRIAL WAY WEST		
STREET ADDRESS	NEW YORK NY			5.3 STREET ADDRESS	EATONTOWN NJ 07724		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	D	CAMPELL, PHILIP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 FLAMINGO DRIVE			6.2 NAME			
STREET ADDRESS	AVALON NJ			6.3 STREET ADDRESS			
CITY-ST-ZIP				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, unchanged, or on an attachment with an address.

SIGNATURE: Roy B. Andersen Jr.

CR2E034 (10/97)