FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000089578 (5)

1. Corporation Name

T&M TELECOMM, INC.

Principal Place of Business

~~600 WEST CUMMING PARK~~
~~SUITE 1050~~
~~WOBURN MA 01801~~

Mailing Address

~~600 WEST CUMMING PARK~~
~~SUITE 1050~~
~~WOBURN MA 01801~~

2. Principal Place of Business: 21 4835 Bonita Beach Rd. SW	2a. Mailing Address: 26 P.O. Box 411
Suite, Apt #, etc: 22 Unit 107	Suite, Apt #, etc: 27
City & State: 23 Bonita Springs, Fl.	City & State: 28 Lynnfield, Ma.
Zip: 24 33923. Country: 25	Zip: 29 01940. Country: 30

3. Date Incorporated or Qualified: 11/22/1995
3a. Date of Last Report:
4. FEI Number: 04-3305001 — 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

9. Name and Address of Current Registered Agent

~~NRAI SERVICES, INC.~~
~~526 EAST PARK AVE.~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: Edson H. Thompson.
82 Street Address (P.O. Box Number is Not Acceptable): Unit 107
83 4835 Bonita Beach Rd. SW.
84 City: Bonita Springs. FL 85 Zip Code: 33923

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: Edson H. Thompson. [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	Director	☐ DELETE
NAME	Edson H. Thompson.	
STREET ADDRESS	4935 Bonita Beach Rd. SW Unit 107.	
CITY-ST-ZIP	Bonita Springs, Fl. 33923	
TITLE	~~President~~	☐ DELETE
NAME	~~Charles H. Thompson~~	
STREET ADDRESS	~~600 W. Cummings Park Suite 1050~~	
CITY-ST-ZIP	~~Woburn, Ma. 01801~~	
TITLE	President.	☐ DELETE
NAME	Charles Thompson.	
STREET ADDRESS	P.O. Box 411 N/A	
CITY-ST-ZIP	Lynnfield, Ma. 01940	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	600001817496	
5.4 CITY-ST-ZIP	-05/13/96--01009--038	
6.1 TITLE	***200.00	☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: [signature] President — 4/30/96 — 617-937-3330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5-1-96