

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 # **F94000000840 (8)**

1. Corporation Name
CENTIGRAM COMMUNICATIONS CORPORATION



Principal Place of Business: **91 EAST TASMAN DRIVE SAN JOSE CA 95134**
Mailing Address: **91 EAST TASMAN DRIVE SAN JOSE CA 95134**

3. Date Incorporated or Qualified: **02/21/1994** 3a. Date of Last Report: **02/03/1995**
4. FEI Number: **94-2418021** 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: **21** 2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22** Suite, Apt. #, etc.: **27**
City & State: **23** City & State: **28**
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOLLMAN, GEORGE	
STREET ADDRESS	91 EAST TASMAN DR.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MULLER, ANTHONY	
STREET ADDRESS	91 EAST TASMAN DR.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WEINSTEIN, DAVID	
STREET ADDRESS	91 E TASMAN DR	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BRAHM, DAVID	
STREET ADDRESS	91 E TASMAN DR	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BERNEY, CARL L	
STREET ADDRESS	91 EAST TASMAN DR.	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CUGGINO, MARGARET	
STREET ADDRESS	91 EAST TASMAN DR.	
CITY-ST-ZIP	SAN JOSE CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dennis Barsema	
1.3 STREET ADDRESS	91 E. Tasman Dr.	
1.4 CITY-ST-ZIP	San Jose CA 95134	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Wagner	
2.3 STREET ADDRESS	91 E. Tasman	
2.4 CITY-ST-ZIP	San Jose CA 95134	
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas Brunton	
3.3 STREET ADDRESS	91 E. Tasman	
3.4 CITY-ST-ZIP	San Jose CA 95134	
4.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Dana Hooper	
4.3 STREET ADDRESS	91 E. Tasman	
4.4 CITY-ST-ZIP	San Jose CA 95134	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: *Tom Brunton* *TBD*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/29/96**
Daytime Phone #: _____

CR2E034 (12/95)