

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F94000004820 (6)

1. Corporation Name

DATA TRANSMISSION SERVICES, INC.



Principal Place of Business: 10 WOODBRIDGE CENTER DR., #1050 WOODBRIDGE NJ 07095
Mailing Address: 10 WOODBRIDGE CENTER DR., #1050 WOODBRIDGE NJ 07095

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 22-2911871
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NE 167TH ST., #300
NORTH MIAMI BEACH FL 33162

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	P	<input type="checkbox"/> DELETE
NAME	LANSEY, ROBERT M	
STREET ADDRESS	17 MARSHALL DR.	
CITY-ST-ZIP	EDISON NJ 08817	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TANSEY, J S	
STREET ADDRESS	9 RIDGE DR.	
CITY-ST-ZIP	BERKELEY HEIGHTS NJ 07922	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	KULUKUNDIS, M M	
STREET ADDRESS	7 W. 54TH ST.	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KATSOURI, J.	
STREET ADDRESS	10 WOODBRIDGE CENTER DRIVE	
CITY-ST-ZIP	WOODBRIDGE NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Couloucondis, Anthony	
STREET ADDRESS	7 West 54th Street	
CITY-ST-ZIP	New York, NY 10019	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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: *J. Scott Tansey* J. Scott Tansey 4/29/96 908.602.1144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E084 (12/95)