

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

**FILED**

**Apr 21 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # F96000003188 (7)**

1. Corporation Name  
**INTECOM INC.**



Principal Place of Business  
**5057 KELLER SPRINGS ROAD  
DALLAS TX 75248**

Mailing Address  
**5057 KELLER SPRINGS ROAD  
DALLAS TX 75248-5908**

<b>3.</b> Date Incorporated or Qualified <b>06/24/1996</b>	<b>3a.</b> Date of Last Report <b>1-24-96</b>
<b>4.</b> FEI Number <b>04-2892472</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

**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**

<b>81.</b> Name
<b>82.</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83.</b>
<b>84.</b> City <b>FL</b> <b>85.</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>COBD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAYER, JACQUES</b>	1.2 NAME	
STREET ADDRESS	<b>19 AVENUE CARNOT, 91348 MASSY CEDEX</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRANCE</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUMOLARD, JEAN-PIERRE</b>	2.2 NAME	
STREET ADDRESS	<b>RUE J.P. TIMBAUD - B.P. 26, BOIS-D'ARCY</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CEDEX 78392 FRANCE</b>	2.4 CITY-ST-ZIP	
TITLE	<b>CEOP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PLATT, GEORGE</b>	3.2 NAME	
STREET ADDRESS	<b>7305 MCKAMY BOULEVARD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75248</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCDONALD, JOHN</b>	4.2 NAME	
STREET ADDRESS	<b>6423 WICKERWOOD DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX 75248</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SORBA, OLIVER</b>	5.2 NAME	
STREET ADDRESS	<b>1633 BROADWAY 45TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10018</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>VP, CFO, Asst Sec.</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>George A. O'Brien</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>9904 Winding Ridge Drive</b>
			<b>DALLAS, TX, 75238</b>

**14.** I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Sandra B. Mortham* **DATE:** *1/8/97* **DAYTIME PHONE #:** *972 447 8442*

CR2E034 (9/96)