

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

**FILED**

**Apr 22 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000003188 (7)**  
1. Corporation Name  
**INTECOM INC.**



Principal Place of Business <b>5057 KELLER SPRINGS ROAD DALLAS TX 75248</b>	Mailing Address <b>5057 KELLER SPRINGS ROAD DALLAS TX 75248</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/24/1996</b>	
21. Suite, Apt. #, etc.	22. City & State	26. <b>Tax Dept</b>	27. Suite, Apt. #, etc.	4. FEI Number <b>04-2892472</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip		25. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				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
				<b>FL</b>	

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>COBO</b>	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>	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. 28, 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>	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	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCDONALD, JOHN</b>	4.2 NAME	<b>Assistant Secretary</b>
STREET ADDRESS	<b>6423 WICKERWOOD DRIVE</b>	4.3 STREET ADDRESS	<b>Jean-Francois Boulain</b>
CITY-ST-ZIP	<b>DALLAS TX 75248</b>	4.4 CITY-ST-ZIP	<b>Rue JP Timbaud - B.P. 28, Bois-D-Arcy</b>
TITLE	<input checked="" 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>1833 BROADWAY 45TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VPCS</b>	6.2 NAME	
STREET ADDRESS	<b>O'BRIEN, GEORGE A</b>	6.3 STREET ADDRESS	<b>5353 KELLER SPRINGS RD, #2214</b>
CITY-ST-ZIP	<b>8904 WINDING RIDGE DR.</b>	6.4 CITY-ST-ZIP	<b>DALLAS, TX 75248</b>

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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (10/97)