

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000001839 (6)**

1. Corporation Name

FAXNET CORPORATION



Principal Place of Business

Mailing Address

**205 PORTLAND STREET
BOSTON MA 02114**

**205 PORTLAND STREET
BOSTON MA 02114**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified	
21 <i>FaxNet Corporation</i>		26 <i>FaxNet Corporation</i>		04/09/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		04-3278518	
24 Zip		29 Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
02114		02114		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
USA		USA			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	COOPER, KEITH	1.2 NAME	Jeffrey Parker
STREET ADDRESS	205 PORTLAND STREET	1.3 STREET ADDRESS	253 meadowbrook road
CITY-ST-ZIP	BOSTON MA 02114	1.4 CITY-ST-ZIP	Weston, MA 02193
TITLE	VD	2.1 TITLE	D
NAME	FLOWERS, JEFFRY	2.2 NAME	Wayne Willis
STREET ADDRESS	205 PORTLAND STREET	2.3 STREET ADDRESS	22400 Shaker Blvd
CITY-ST-ZIP	BOSTON MA 02114	2.4 CITY-ST-ZIP	Cleveland, OH 44122
TITLE	SD	3.1 TITLE	D
NAME	FRIEND, DAVID	3.2 NAME	Robert Kueper
STREET ADDRESS	205 PORTLAND STREET	3.3 STREET ADDRESS	976 Beacon St
CITY-ST-ZIP	BOSTON MA 02114	3.4 CITY-ST-ZIP	Newton, MA 02148
TITLE	D	4.1 TITLE	D
NAME	KUGELL, STANLEY	4.2 NAME	Brian Hory
STREET ADDRESS	ONE KENDALL SQUARE	4.3 STREET ADDRESS	862 Central Park West, Apt 13D
CITY-ST-ZIP	CAMBRIDGE MA 02139	4.4 CITY-ST-ZIP	NEW YORK, NY 10024
TITLE	T	5.1 TITLE	D
NAME	DRISCOLL, JAMES	5.2 NAME	John Zrno
STREET ADDRESS	205 PORTLAND STREET	5.3 STREET ADDRESS	5707 Imperial Court
CITY-ST-ZIP	BOSTON MA 02114	5.4 CITY-ST-ZIP	Plano, TX 75093
TITLE	AS	6.1 TITLE	
NAME	PRAVDA, SUSAN E	6.2 NAME	
STREET ADDRESS	75 STATE STREET (C/O EPSTEIN, BECKER)	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	6.4 CITY-ST-ZIP	

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

James Driscoll

CR2E034 (10/97)