

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P37423 (1)

1. Corporation Name

RAM COMMUNICATIONS GROUP, INC.



Principal Place of Business: 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095
Mailing Address: 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		02/10/1992	03/01/1995
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number	Applied For
22		27		22-3144105	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH ST., SUITE 305 NORTH MIAMI BEACH FL 33162				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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.	
81 Name					
82 Street Address (P.O. Box Number is Not Acceptable)					
83					
84 City				FL	85 Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and State 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	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KULKUNDIS, MICHAEL	12 NAME	
STREET ADDRESS	10 WOODBRIDGE CENTER DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIDGE NJ 07095	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTS	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATSOURIS, JAMES	22 NAME	
STREET ADDRESS	10 WOODBRIDGE CENTER DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIDGE NJ 07095	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VAS	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APICELLA, STEVEN T	32 NAME	
STREET ADDRESS	10 WOODBRIDGE CENTER DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	WOODBRIDGE NJ 07095	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADOWSKY, RICHARD L.	42 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10112	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	S	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORMEY, DENISE M	52 NAME	
STREET ADDRESS	30 ROCKEFELLER PLAZA, 29TH FLR	53 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10112	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *James Katsouris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES KATSOURIS
Vice President & Treasurer 6/18/96
Date 908-602-6262

CR2E034 (3/96)