


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

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90165 016 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P37423**

1. Corporation Name  
**RAM COMMUNICATIONS GROUP, INC.**

Principal Place of Business 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095	Mailing Address ATTN: VALERIE J. KHOSHINAT 10 WOODBRIDGE CENTER DRIVE WOODBRIDGE NJ 07095 US
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DO NOT WRITE IN THIS SPACE

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>02/10/1992</b>	4. FEI Number <b>22-3144105</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**UNITED CORPORATE SERVICES, INC.**  
**801 NORTHEAST 167TH ST., SUITE 305**  
**NORTH MIAMI BEACH FL 33162**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	HARRELL, MICHAEL K	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	VTCF	<input type="checkbox"/> DELETE
NAME	GARDNER, J.D.	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HILLMAN, ARTHUR B	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	COWAN, KEITH O	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SHACKLEFORD, STEVE D	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOBBS, JAMES C D	
STREET ADDRESS	1155 PEACHTREE ST. N.E.	
CITY-ST-ZIP	ATLANTA GA 30309-3610	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1100 Peachtree Street, NE
1.4 CITY-ST-ZIP	Atlanta, GA 30309-4599
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1100 Peachtree St, NE
2.4 CITY-ST-ZIP	Atlanta, GA 30309-4599
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	1100 Peachtree Street, NE
3.4 CITY-ST-ZIP	Atlanta, GA 30309-4599
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joyce Clower Irvine
4.3 STREET ADDRESS	1155 Peachtree St., NE
4.4 CITY-ST-ZIP	Atlanta, GA 30309-3610
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V AS Michael White
5.3 STREET ADDRESS	10 Woodbridge Center Dr.
5.4 CITY-ST-ZIP	Woodbridge, NJ 07095
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Michael White Michael White 2/3/99  
 Vice President  
 Assistant Secretary

CR2E034 (11/98)