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SCHEDULE CAR-100-M

STATE OF NEW JERSEY ANNUAL REPORT

A. BUSINESS INFORMATION

BUSINESS NAME
DIALOGIC (US) INC.

NJ CORPORATION NUMBER	FEIN	FILING YEAR
0100967679	**13-3493421**	**2018**

B. BUSINESS ADDRESS

MAIN ADDRESS INFORMATION (REQUIRED)

STREET
4 GATEHALL DRIVE

CITY	STATE	ZIP CODE
PARSIPPANY	**NJ**	**07054**

PRINCIPAL BUSINESS ADDRESS INFORMATION - MUST BE A NJ ADDRESS

STREET
4 GATEHALL DRIVE

CITY	STATE	ZIP CODE
PARSIPPANY	**NJ**	**07054**

C. OFFICERS/DIRECTORS (Required)

NAME (FIRST,MI,LAST)	TITLE		
SEE ATTACHED			
STREET	CITY	STATE	ZIP CODE
NAME (FIRST,MI,LAST)	TITLE		
STREET	CITY	STATE	ZIP CODE
NAME (FIRST,MI,LAST)	TITLE		
STREET	CITY	STATE	ZIP CODE
NAME (FIRST,MI,LAST)	TITLE		
STREET	CITY	STATE	ZIP CODE

D. CHANGE OF REGISTERED AGENT/OFFICE (Use only if you are making a change)

NAME (FIRST,MI,LAST)	STREET	CITY	STATE	ZIP CODE
			NJ	

E. FEE AMOUNT

REPORT YOUR ANNUAL REPORT FEE OF $50 ($75 WITH REGISTERED AGENT/OFFICE CHANGE)

F. WORKER'S COMPENSATION INSURANCE

Is this business entity required to provide worker's compensation insurance? Yes ☐ No ☐

Is this a business entity that is qualified and will provide self insurance? Yes ☐ No ☐

If not self insured, list the company that provides your workers' compensation coverage, the policy number and date coverage began. This information will be sent to the Department of Labor and Workforce for verification.

INSURANCE COMPANY :
POLICY NUMBER :
DATE COVERAGE BEGAN MM/DD/YYYY :

Workers' Compensation Insurance - Proof of Coverage : State Law (N.J.S.A. 34:15-79.1) requires every corporation, limited partnership, limited liability company, limited liability partnership or other employer required by law to submit an annual report, to also include valid proof of workers' compensation coverage, if applicable, as part of the annual report. Without the inclusion of the valid proof of coverage, the annual report is not complete for purposes of filing, the requirement to submit the annual report is not fulfilled, and all requirements concerning the failure to submit the annual report shall apply.

Signature (Chairman of the Board, President, Vice-President, Registered Agent, General Partner or Authorized Representative)	Date :