

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **853364** (8)  
1. Corporation Name  
**NATIONAL DENTEX CORPORATION**

Principal Place of Business Mailing Address  
**111 SPEEN ST  
FRAMINGHAM MA 01701  
US** **111 SPEEN ST  
FRAMINGHAM MA 01701  
US**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 MAR 14 AM 7:55**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		07/06/1982		04/13/1994	
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		04-2762050		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> \$5.00 May Be <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26		31		6. This corporation has liability for intangible tax under S. 109.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 607.0506, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Type or print name of registered agent and title of each office) (Print registered agent signature in ink and date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLAHY, WILLIAM M	1.2 NAME	
STREET ADDRESS	116 GLEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY, MA 00000	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, DAVID V.	2.2 NAME	
STREET ADDRESS	8 CORN POINT RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLEHEAD, MA 00000	2.4 CITY-ST-ZIP	
TITLE	TV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID L.	3.2 NAME	
STREET ADDRESS	70 EVERETT ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NATICK MA	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POSTERNAK, NOEL	4.2 NAME	Secretary
STREET ADDRESS	100 CHARLES RIVER PARK	4.3 STREET ADDRESS	Siegel, Donald
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	100 Charles River Park
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICE, PHILLIP L	5.2 NAME	Director
STREET ADDRESS	982 MEADOWBRK LANE	5.3 STREET ADDRESS	William McClurg
CITY-ST-ZIP	MEDINA OH	5.4 CITY-ST-ZIP	10 Picker Road
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, JACK	6.2 NAME	Sturbridge, MA 01566
STREET ADDRESS	3200 BAUMAN ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX	6.4 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 110.07(3)(b), 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 or person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12, Block 13, or on an attached sheet.

SIGNATURE: Richard F. Reel **3-3-95 (508) 820-4500**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Telephone Area #