

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90198 048 \*\*\*150.00

**DOCUMENT # 853364**

1. Entity Name  
**NATIONAL DENTEX CORPORATION**

Principal Place of Business <b>526 BOSTON POST RD          SUITE 207          WAYLAND MA 01778          US</b>	Mailing Address <b>526 BOSTON POST RD          SUITE 207          WAYLAND MA 01778          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**04-2762050**

Applied For  
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DAVID L</b>	
STREET ADDRESS	<b>70 EVERETT STREET</b>	
CITY-ST-ZIP	<b>NATICK MA 01760</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HARKINS, DAVID V.</b>	
STREET ADDRESS	<b>8 CORN POINT RD</b>	
CITY-ST-ZIP	<b>MARBLEHEAD MA 01945</b>	
TITLE	<b>TV</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, DAVID L.</b>	
STREET ADDRESS	<b>70 EVERETT ST.</b>	
CITY-ST-ZIP	<b>NATICK MA 01760</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>SIEGEL, DONALD</b>	
STREET ADDRESS	<b>100 CHARLES RIVER PARK</b>	
CITY-ST-ZIP	<b>BOSTON MA 02118</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLURG, WILLIAM</b>	
STREET ADDRESS	<b>10 PICKER ROAD</b>	
CITY-ST-ZIP	<b>STURBRIDGE MA 01566</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CROSBY, JACK</b>	
STREET ADDRESS	<b>3200 BAUMAN ROAD</b>	
CITY-ST-ZIP	<b>AUSTIN TX 78703</b>	

TITLE	<del>VP - FINANCE &amp; CFO</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>ROBERT F. BECKER</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>75 State Street</b>	
CITY-ST-ZIP	<b>Boston, MA 02109</b>	
TITLE	<b>VP - FINANCE &amp; CFO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RICHARD F. BECKER, JR.</b>	
STREET ADDRESS	<b>15 FALES RD.</b>	
CITY-ST-ZIP	<b>DEDHAM, MA 02026</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<b>Zip code only - 02114</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>327 Congress Avenue</b>	
CITY-ST-ZIP	<b>Austin, TX 78701</b>	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard F. Becker, Jr. **RICHARD F. BECKER, JR.** 3/22/02 (508) 358-4422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)