
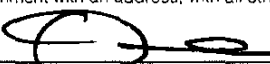


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90225 036 ***150.00

DOCUMENT # 853364			
1. Entity Name NATIONAL DENTEX CORPORATION			
Principal Place of Business 526 BOSTON POST RD SUITE 207 WAYLAND, MA 01778 US		Mailing Address 526 BOSTON POST RD SUITE 207 WAYLAND, MA 01778 US	
2. Principal Place of Business - No P.O. Box # 2 Vision Drive		3. Mailing Address 2 Vision Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Natick, MA		City & State Natick, MA	
4. FEI Number 04-2762050	Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	
		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCOD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, DAVID L	NAME	
STREET ADDRESS	70 EVERETT STREET	STREET ADDRESS	
CITY-ST-ZIP	NATICK, MA 01760	CITY-ST-ZIP	
TITLE	COD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARKINS, DAVID V.	NAME	
STREET ADDRESS	100 FEDERAL ST 35TH FL	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02110	CITY-ST-ZIP	
TITLE	TV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECKER, RICHARD F	NAME	
STREET ADDRESS	15 FALES RD	STREET ADDRESS	
CITY-ST-ZIP	DEDHAM, MA 02026	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEGEL, DONALD	NAME	
STREET ADDRESS	80 BOYLSTON ST 33RD FL	STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MA 02114	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRATE, NORMAN F	NAME	
STREET ADDRESS	20 WILLIAM STREET, SUITE 100	STREET ADDRESS	68 Briarcliff Lane
CITY-ST-ZIP	WELLESLEY HILLS, MA 024814102	CITY-ST-ZIP	Holliston MA 01746
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROSBY, JACK	NAME	
STREET ADDRESS	327 CONGRESS AVE., STE 350	STREET ADDRESS	
CITY-ST-ZIP	AUSTIN, TX 78701	CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Date: 4/28/08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	
		Daytime Phone #: 508-907-7800	