2004 FOR PROFIT CORPORATION **ANNUAL REPORT**



FILED

Feb 09, 2004 8:00 an Secretary of State
02-09-2004 90029 035 ***150.00

DOCUMENT # F00000001150 NMS COMMUNICATIONS CORPORATION Mailing Address Principal Place of Business 44000010 100 CROSSING BLVD. 100 CROSSING BLVD. FRAMINGHAM, MA 01702 FRAMINGHAM, MA 01702 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 CR2E034 (10/03) City & State 4. FELNumber Applied For City & State 04-2814586 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition **PCEO** ☐ Defete TITLE Ъ Change TITLE Foster Bill SCHECHTER, ROBERT P NAME NAME BND Crossing STREET ADDRESS 100 CROSSING BLVD. STREET ADDRESS 100 CITY-ST-ZIP FRAMINGHAM, MA 01702 CITY-ST-ZIP Framinghan MA 01748 Addition VS Change TITLE ☐ Delete TITLE CALLAN, DIANNE L OFER GREEZY NAME NAME STREET ADDRESS 100 CROSSING BLVD. STREET ADDRESS CITY-ST-7IP ingham, MA 01748 CITY-ST-ZIP FRAMINGHAM, MA 01702 B. Gerraught Schange VΤ ☐ Addition Delete TITLE TITLE HULT, ROBERT E NAME NAME Crossing Blud 100 STREET ADDRESS 100 CROSSING BLVD STREET ADDRESS CITY-ST-ZIP FRAMINGHAM, MA 01702 CITY-ST-ZIP Framingham, md 0170 TITLE Sodition Delete TITLE \mathcal{D}^{\cdot} HOEHN, RICHARD H NAME Reeve NAME Pam 53 EXCHANGE PLACE/53 STATE STREET STREET ADDRESS STREET ADDRESS Crossins CITY-ST-ZIP BOSTON, MA 02109 CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE KING! W F NAME NAME 122 GOVERNOR PRENCE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BREWSTER, MA 02631 CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE WHITE, RONALD W NAME NAME 210 BROADWAY, SUITE 101 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNNFIELD, MA 01940 CITY-ST-ZIP

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered. changed, or on an attachment DIANNE CALLAN 26 Janol

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date