


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90070 031 ***150.00

DOCUMENT # F01000003368

1. Entity Name
NIC HOLDING CORP.



Principal Place of Business Mailing Address

25 MELVILLE PARK ROAD **25 MELVILLE PARK ROAD**
PO BOX 2937 **PO BOX 2937**
MELVILLE, NY 11747-0398 **MELVILLE, NY 11747-0398**

60020994



2. Principal Place of Business - No P.O. Box #
25 Melville Park Road

3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 210

02262007 Chg-P CR2E034 (12/06)

City & State City & State

Melville NY

4. FEI Number Applied For

11-3577086 Not Applicable

Zip Country Zip Country

11747 **USA**

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, JAY H	NAME	
STREET ADDRESS	26 PHEASANT RUN	STREET ADDRESS	
CITY-ST-ZIP	OLD WESTBURY, NY 11568	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, GENE M	NAME	
STREET ADDRESS	28 EAST 70 ST., APT 12	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10021	CITY-ST-ZIP	
TITLE	VCFO <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIPP, PETER J	NAME	NEW ADDRESS:
STREET ADDRESS	PO BOX 715/ MARYKNOLL DRIVE	STREET ADDRESS	192 Bible Street
CITY-ST-ZIP	NEW VERNON, NJ 07976	CITY-ST-ZIP	Cos Cob, CT 06807
TITLE	CC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESSMANN, STEVEN A	NAME	
STREET ADDRESS	260 ASHAROKEN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	NORTHPORT, NY 11768	CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCONAGHY, ELIZABETH ANN	NAME	
STREET ADDRESS	19 SAINT ANDREWS LANE	STREET ADDRESS	
CITY-ST-ZIP	GLEN COVE, NY 11542	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

Steven A. Lessmann, Corp. Controller

SIGNATURE: _____ **02/27/07** **631-753-4250**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #