


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Jan 23, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F01000003368  
 1. Entity Name  
 NIC HOLDING CORP.



Principal Place of Business 25 MELVILLE PARK ROAD STE 210 MELVILLE, NY 11747-0398	Mailing Address 25 MELVILLE PARK ROAD PO BOX 2937 MELVILLE, NY 11747-0398
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**DO NOT WRITE IN THIS SPACE**



01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3577086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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)  
 Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

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

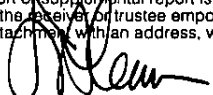
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BERNSTEIN, JAY H 26 PHEASANT RUN OLD WESTBURY, NY 11568
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, GENE M 28 EAST 70 ST., APT 12 NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO RIPP, PETER J 192 BIBLE STREET COS COB, CT 06807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC LESSMANN, STEVEN A 260 ASHAROKEN AVENUE NORTHPORT, NY 11768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCCONAGHY, ELIZABETH ANN 19 SAINT ANDREWS LANE GLEN COVE, NY 11542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/23/08-80089-019-150.00

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 trustee 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:  **STEVEN A. LESSMANN** January 15, 2008 631-753-4250

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