

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90081 045 ***150.00

DOCUMENT # F01000003368

1. Entity Name
NIC HOLDING CORP.



Principal Place of Business
**25 MELVILLE PARK ROAD
PO BOX 2937
MELVILLE NY 11747-0398**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-3577086**

Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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 Delete
NAME **PCD**
STREET ADDRESS **BERNSTEIN, JAY H**
CITY-ST-ZIP **26 PHEASANT RUN**
OLD WESTBURY NY 11568

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **BERNSTEIN, GENE M**
CITY-ST-ZIP **39 THE OAKS**
ROSLYN ESTATES NY 11576

TITLE Change Addition
NAME **New Address:**
STREET ADDRESS **28 EAST 70 STREET, APARTMENT #12**
CITY-ST-ZIP **NEW YORK, NY 10021**

TITLE Delete
NAME **VCFO**
STREET ADDRESS **RIPP, PETER J**
CITY-ST-ZIP **PO BOX 715/ MARYKNOLL DRIVE**
NEW VERNON NJ 07976

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **CC**
STREET ADDRESS **LESSMAN, STEVEN A**
CITY-ST-ZIP **260 ASHAROKEN AVENUE**
NORTHPORT NY 11768

TITLE Change Addition
NAME **incorrect spelling**
STREET ADDRESS **Please change to: LESSMANN**
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME **MCCONAGHY, ELIZABETH ANN**
STREET ADDRESS **19 SAINT ANDREWS LANE** Vice President
CITY-ST-ZIP **GLEN COVE, NY 11542** Secretary

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN A. LESSMANN Corporate Controller
SIGNATURE REQUIRED - JANUARY 21, 2003 631-753-4250

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)