2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 FEB 21 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F06000003530

1. Entity Name
TOUCHCOM, INC.

Principal Place of Business	Mailing Address
23 CROSBY DR. BEDFORD, MA 01730	23 CROSBY DR. BEDFORD, MA 01730

02122008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3236320
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CP
NAME	DE CAVAIGNAC, PATRICK P.
STREET ADDRESS	42 E. 20TH ST., APT. 6C
CITY-ST-ZIP	NEW YORK, NY 10003
TITLE	DV
NAME	BARRY, PATRICK J.
STREET ADDRESS	3 STEAMBOAT DR.
CITY-ST-ZIP	PORT WASHINGTON, NY 11050
TITLE	D
NAME	HALBIK, LESTER
STREET ADDRESS	333 1ST ST.
CITY-ST-ZIP	ELIZABETH, NJ 07206
TITLE	S
NAME	DIETZ, DAVID F.
STREET ADDRESS	43 PORTER RD.
CITY-ST-ZIP	ANDOVER, MA 01810
TITLE	T
NAME	ARAUJO, MICHAEL N.
STREET ADDRESS	23 WARD RD.
CITY-ST-ZIP	SOUTHBOROUGH, MA 01772
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800119106528
02/29/08--01010--018 **150.00

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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: _____ 2/15/08 508 303-6691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1210