

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000001988 (3)**

1. Corporation Name

NATIONAL TRANSACTION NETWORK, INC.



Principal Place of Business

Mailing Address

9 KANE INDUSTRIAL DRIVE
HUDSON MA 01749

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HUDSON MA 01749

3. Date Incorporated or Qualified

04/24/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg 9

27 Bldg 9

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

75-1535237

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SIEGENTHALER, PAUL A	
STREET ADDRESS	1049 WEBSTER STREET	
CITY-ST-ZIP	NEEDHAM MA 02192	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	CROMBIE, PETER S	
STREET ADDRESS	30 WHITEMARL DRIVE, OTTAWA, ONTARIO	
CITY-ST-ZIP	KIL 8J6 CANADA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ALPERN, MILTON A	
STREET ADDRESS	2 POST OAK LANE	
CITY-ST-ZIP	NATICK MA 01760	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOURI, BRIAN	
STREET ADDRESS	114 LONGMEADOW, POINTE CLAIRE, QUEBEC	
CITY-ST-ZIP	H9R 2X2 CANADA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMPSON, CHARLES R	
STREET ADDRESS	535 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ILICK, CHRISTOPHER D	
STREET ADDRESS	22 MOUNTAIN AVE	
CITY-ST-ZIP	PRINCETON NJ 08540	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	C Jeffrey B. Finestone
2.3 STREET ADDRESS	5869 Shalom
2.4 CITY-ST-ZIP	Montreal, Canada
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Milton A. Alpern
MILTON A. ALPERN
VICE PRESIDENT OF FINANCE

Date

Daytime Phone #

4/24/96 (508) 542-6500

CR2E034 (12/95)