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FILED  
May 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000001988 (3)  
1. Corporation Name  
NATIONAL TRANSACTION NETWORK, INC.



Principal Place of Business: 9 KANE INDUSTRIAL DRIVE HUDSON MA 01749  
Mailing Address: 9 KANE INDUSTRIAL DRIVE HUDSON MA 01749-2805

3. Date Incorporated or Qualified: 04/24/1995  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 75-1535237  
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

2. Principal Place of Business  
21 117 Flanders Road  
22 Suite, Apt. #, etc.  
23 City & State: Westborough, MA  
24 Zip: 01581  
25 Country: USA

2a. Mailing Address  
26 117 Flanders Road  
27 Suite, Apt. #, etc.  
28 City & State: Westborough, MA  
29 Zip: 01581  
30 Country: USA

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" 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	FINESTONE, JEFFREY B.	
STREET ADDRESS	5869 SHALOM	
CITY-ST-ZIP	MONTREAL CA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	ALPERN, MILTON A	
STREET ADDRESS	2 POST OAK LANE	
CITY-ST-ZIP	NATICK MA 01780	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KOURI, BRIAN	
STREET ADDRESS	114 LONGMEADOW, POINTE CLAIRE, QUEBEC	
CITY-ST-ZIP	H9R 2X2 CANADA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THOMPSON, CHARLES R	
STREET ADDRESS	535 MADISON AVENUE	
CITY-ST-ZIP	NEW YORK NY 10022	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ILICK, CHRISTOPHER D	
STREET ADDRESS	22 MOUNTAIN AVE	
CITY-ST-ZIP	PRINCETON NJ 08540	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	L. Barry Thomson	
1.3 STREET ADDRESS	200 Poplar Drive	
1.4 CITY-ST-ZIP	Oakville, Ontario Canada L6J4C6	
2.1 TITLE	V/m/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth M Kubler	
2.3 STREET ADDRESS	3427 Shady Oaks	
2.4 CITY-ST-ZIP	Flower Mound, TX 75028	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CHRISTOPHER F Schellhorn	
4.3 STREET ADDRESS	31 Chessor Lane	
4.4 CITY-ST-ZIP	Wilton CT 06897	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GEORGE C. WHITTON	
5.3 STREET ADDRESS	39851 N 5th ST	
5.4 CITY-ST-ZIP	Cave creek AZ 85327	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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, unchanged, or on an attachment with an asterisk.

SIGNATURE: MILTON A. ALPERN VICE PRESIDENT OF FINANCIAL SERVICES (508) 870-3200

CR2E034 (9/96)