

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000000949

Entity Name: WEBCT, INC.

FILED
Feb 15, 2005
Secretary of State

Current Principal Place of Business:

6 KIMBALL LANE
SUITE 310
LYNNFIELD, MA 01940

New Principal Place of Business:

Current Mailing Address:

6 KIMBALL LANE
SUITE 310
LYNNFIELD, MA 01940

New Mailing Address:

FEI Number: 04-3392637

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: VALLONE, CAROL
Address: C/O WEBCT, INC./6 KIMBALL LANE, SUITE 310
City-St-Zip: LYNNFIELD, MA 01940

Title: AS () Delete
Name: ASHER, WILLIAM
Address: C/O TEST HURWITZ/125 HIGH STREET
City-St-Zip: BOSTON, MA 02110

Title: D () Delete
Name: BRADLEY, GUY
Address: C/O P.O. BOX 294
City-St-Zip: LINCOLN, MA 01773

Title: EVPT () Delete
Name: GIORDANO, JOHN
Address: C/O WEBCT, INC./6 KIMBALL LANE, SUITE 310
City-St-Zip: LYNNFIELD, MA 01940

Title: EVP () Delete
Name: SEGALL, PETER
Address: C/O WEBCT, INC./6 KIMBALL LANE, SUITE 110
City-St-Zip: LYNNFIELD, MA 01940

Title: D () Delete
Name: WARD, OLIVER MTDC
Address: C/O GPD/300 BRICKSTONE SQ., YORK ST.
City-St-Zip: ANDOVER, MA 01810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SEGALL, PETER
Address: C/O WEBCT, INC./6 KIMBALL LANE, SUITE 110
City-St-Zip: LYNNFIELD, MA 01940

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN GIORDANO

EVPT

02/15/2005

Electronic Signature of Signing Officer or Director

_____ Date