

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT #853364

1. Entity Name
NATIONAL DENTEX CORPORATION



Principal Place of Business

**526 BOSTON POST RD
SUITE 207
WAYLAND, MA 01778 US**

Mailing Address

**526 BOSTON POST RD
SUITE 207
WAYLAND, MA 01778 US**

DO NOT WRITE IN THIS SPACE



04162007 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2762050

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOD BROWN, DAVID L 70 EVERETT STREET NATICK, MA 01760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COD HARKINS, DAVID V. 100 FEDERAL ST 35TH FL BOSTON, MA 02110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV BECKER, RICHARD F 15 FALES RD DEDHAM, MA 02026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIEGEL, DONALD 80 BOYLSTON ST 33RD FL BOSTON, MA 02114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRATE, NORMAN F 20 WILLIAM STREET, SUITE 100 WELLESLEY HILLS, MA 024814102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROSBY, JACK 327 CONGRESS AVE., STE 350 AUSTIN, TX 78701

000000737063
05/11/07-80012-025 150.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1707