

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853364

FILED
Apr 22, 2009
Secretary of State

Entity Name: NATIONAL DENTEX CORPORATION

Current Principal Place of Business:

2 VISION DRIVE
NATICK, MA 01760 US

New Principal Place of Business:

Current Mailing Address:

2 VISION DRIVE
NATICK, MA 01760 US

New Mailing Address:

FEI Number: 04-2762050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PCOD () Delete
Name: BROWN, DAVID L
Address: 70 EVERETT STREET
City-St-Zip: NATICK, MA 01760

Title: COD () Delete
Name: HARKINS, DAVID V.
Address: 100 FEDERAL ST 35TH FL
City-St-Zip: BOSTON, MA 02110

Title: TV () Delete
Name: BECKER, RICHARD F
Address: 15 FALES RD
City-St-Zip: DEDHAM, MA 02026

Title: S () Delete
Name: SIEGEL, DONALD
Address: 80 BOYLSTON ST 33RD FL
City-St-Zip: BOSTON, MA 02114

Title: D () Delete
Name: STRATE, NORMAN F
Address: 68 BRIARCLIFF LANE
City-St-Zip: HOLLISTON, MA 01746

Title: D () Delete
Name: CROSBY, JACK
Address: 327 CONGRESS AVE., STE 350
City-St-Zip: AUSTIN, TX 78701

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: S (X) Change () Addition
Name: SIEGEL, DONALD
Address: 800 BOYLSTON ST 33RD FL
City-St-Zip: BOSTON, MA 02114

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: WAYNE M. COLL

CFO

04/22/2009

Electronic Signature of Signing Officer or Director

Date