

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90058 031 ***150.00

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1. Entity Name
DICTAPHONE CORPORATION



Principal Place of Business
**3191 BROADBRIDGE AVENUE
STRATFORD, CT 06614**

Mailing Address
**3191 BROADBRIDGE AVENUE
STRATFORD, CT 06614**

50032820



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

04-3506655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

Name

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

City

FL

Zip Code

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO** ☐ Delete
NAME **SCHWAGER, ROBERT G**
STREET ADDRESS **162 BOGGS HILL RD.**
CITY-ST-ZIP **NEWTOWN, CT 06470**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVCS** ☐ Delete
NAME **DELANEY, JOSEPH J**
STREET ADDRESS **133 MARTESIA WAY**
CITY-ST-ZIP **INDIAN HARBOUR BEACH, FL 32937**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CFO** ☐ Delete
NAME **LEDWICK, TIM**
STREET ADDRESS **66 MARTY LANE**
CITY-ST-ZIP **WESTON, CT 06883**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **TWOHILL, MARY G**
STREET ADDRESS **6 DRIFTWOOD LANE**
CITY-ST-ZIP **SHELTON, CT 06484**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **SMITH, MELINDA H**
STREET ADDRESS **51 GRANDVIEW AVE**
CITY-ST-ZIP **NORWALK, CT 06851**

TITLE ☐ Change ☒ Addition
NAME **S Bloom, Scott A.**
STREET ADDRESS **6 Berkeley Place**
CITY-ST-ZIP **Westport, CT 06880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 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:

TIM S. LEDWICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM S. LEDWICK
SEC. VP & CFO

3/23/05 (203)381-7371
Date Daytime Phone #