

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # F01000003368

1. Entry Name
NIC HOLDING CORP.



Principal Place of Business
25 MELVILLE PARK ROAD
PO BOX 2937
MELVILLE, NY 11747-0398

Mailing Address
25 MELVILLE PARK ROAD
PO BOX 2937
MELVILLE, NY 11747-0398



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3577086

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PCD
NAME BERNSTEIN, JAY H
STREET ADDRESS 26 PHEASANT RUN
CITY-ST-ZIP OLD WESTBURY, NY 11568

TITLE D
NAME BERNSTEIN, GENE M
STREET ADDRESS 28 EAST 70 ST., APT 12
CITY-ST-ZIP NEW YORK, NY 10021

TITLE VCFO
NAME RIPP, PETER J
STREET ADDRESS PO BOX 715/ MARYKNOLL DRIVE
CITY-ST-ZIP NEW VERNON, NJ 07976

TITLE CC
NAME LESSMANN, STEVEN A
STREET ADDRESS 260 ASHAROKEN AVENUE
CITY-ST-ZIP NORTHPORT, NY 11768

TITLE VPS
NAME MCCONAGHY, ELIZABETH ANN
STREET ADDRESS 19 SAINT ANDREWS LANE
CITY-ST-ZIP GLEN COVE, NY 11542

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000392354
01/24/06-80078-014 150.00

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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 1 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

Steven A. Lessmann, Corporate Controller

01/13/06

631-753-4250

Date

Daytime Phone #