


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90070 031 \*\*\*150.00

<b>DOCUMENT # F01000003368</b>	
1. Entity 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
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2. Principal Place of Business - No P.O. Box # <b>25 Melville Park Road</b>	3. Mailing Address
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Suite, Apt. #, etc. <b>Suite 210</b>	Suite, Apt. #, etc.
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City & State <b>Melville NY</b>	City & State
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Zip <b>11747</b>	Country <b>USA</b>	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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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
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD BERNSTEIN, JAY H 26 PHEASANT RUN OLD WESTBURY, NY 11568 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNSTEIN, GENE M 28 EAST 70 ST., APT 12 NEW YORK, NY 10021 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO RIPP, PETER J PO BOX 715/ MARYKNOLL DRIVE NEW VERNON, NJ 07976 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NEW ADDRESS:</b> <b>192 Bible Street</b> <b>Cos Cob, CT 06807</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CC LESSMANN, STEVEN A 260 ASHAROKEN AVENUE NORTHPORT, NY 11768 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MCCONAGHY, ELIZABETH ANN 19 SAINT ANDREWS LANE GLEN COVE, NY 11542 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

<b>SIGNATURE:</b>		<b>02/27/07</b>	<b>631-753-4250</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

60020994



02262007 Chg-P CR2E034 (12/06)

4. FEI Number <b>11-3577086</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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