2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000003368

1. Entity Name
NIC HOLDING CORP.

Principal Place of Business	Mailing Address
25 MELVILLE PARK ROAD STE 210 MELVILLE, NY 11747-0398	25 MELVILLE PARK ROAD PO BOX 2937 MELVILLE, NY 11747-0398

01152008 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

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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, 2008 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	192 BIBLE STREET
CITY-ST-ZIP	COS COB, CT 06807
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	

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01/23/08-80089-018 150.00

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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: _____ STEVEN A. LESSMANN January 15, 2008 631-753-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #