


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90283 019 ***150.00

| | | | |
|---|--|---|--|
| DOCUMENT # F04000002444 1. Entity Name NEXPRESS SOLUTIONS, INC. | |  | |
| Principal Place of Business 343 STATE STREET ROCHESTER, NY 14650 | | Mailing Address 343 STATE STREET ROCHESTER, NY 14650 | |
| 2. Principal Place of Business 2600 Maritau Road Suite, Apt. #, etc. | | 3. Mailing Address 3414 N. Duke St, 1st Floor Suite, Apt. #, etc. Attn: Tax Dept | |
| City & State Rochester NY | | City & State Durham NC | |
| Zip 14650 | | Zip 27704 | |
| Country USA | | Country USA | |
| 4. FEI Number 20-0972090 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$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 | | 7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE P NAME LANGLEY, JAMES STREET ADDRESS 343 STATE STREET CITY-ST-ZIP ROCHESTER, NY 14650 | <input type="checkbox"/> Delete | TITLE D NAME Langley, James STREET ADDRESS 343 State St CITY-ST-ZIP Rochester NY 14650 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE VP NAME TATUSKO, PHILIP V STREET ADDRESS 343 STATE STREET CITY-ST-ZIP ROCHESTER, NY 14650 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE SD NAME QUINN, JAMES M STREET ADDRESS 343 STATE STREET CITY-ST-ZIP ROCHESTER, NY 14650 | <input checked="" type="checkbox"/> Delete | TITLE S NAME Hickey, Laurence L STREET ADDRESS 343 State St CITY-ST-ZIP Rochester NY 14650 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE T NAME LOVE, WILLIAM G STREET ADDRESS 343 STATE STREET CITY-ST-ZIP ROCHESTER, NY 14650 | <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 |
| 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 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: <u><i>Lynn W. Place</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <u><i>Lynn W. Place</i></u> <u><i>4/25/05 (914) 382-4479</i></u> <small>Date Daytime Phone #</small> | |

NexPress Solutions, Inc.
Corporate Data Sheet as of 11/18/2004

Directors

| Title | Name | Address |
|----------|----------------|---------------------------------|
| DIRECTOR | Langley, James | 343 State St Rochester NY 14650 |

Officers

| Title | Name | Address |
|---------------------------------------|----------------------|------------------------------------|
| President and Chief Executive Officer | Purushotham, Venkat | 2600 Manitou Rd Rochester NY 14624 |
| Chief Operating Officer | Carroll, Arthur J. | 2600 Manitou Rd Rochester NY 14624 |
| Chief Financial Officer | Mathews, Andrew J. | 2600 Manitou Rd Rochester NY 14624 |
| VICE PRESIDENT | Tatusko, Philip V. | 343 State St Rochester NY 14650 |
| SECRETARY | Hickey, Laurence L. | 343 State St Rochester NY 14650 |
| TREASURER | Love, William G. | 343 State St Rochester NY 14650 |
| ASSISTANT SECRETARY | Underberg, Sharon E. | 343 State St Rochester NY 14650 |
| ASSISTANT TREASURER | Veith, Richard J. | 343 State St Rochester NY 14650 |

ATTACHMENT

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