

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 09, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000004486

1. Entity Name

ACCELA COMMUNICATIONS, INC.



Principal Place of Business

P.O. BOX 608

SOUTHBORO, MA 01772

Mailing Address

P.O. BOX 608

SOUTHBORO, MA 01772



03012006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

06-1673344

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
OP  
REINSTEIN, WILLIAM  
P.O. BOX 608  
SOUTHBORO, MA 01772

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
MIKITA, RICAHRD  
P.O. BOX 608  
SOUTHBORO, MA 01772

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DT  
PIERCE, EDWARD  
P.O. BOX 608  
SOUTHBORO, MA 01772

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000460446  
03/20/06-80019-013 150.00

**DO NOT WRITE  
IN THIS SPACE**

U00000462031  
03/21/06-80019-013 150.00

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edwards Pierce

3/1/06

Date

508-303-9725

Daytime Phone #