


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F05000004486</b> 1. Entity Name ACCELA COMMUNICATIONS, INC.	
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Principal Place of Business P.O. BOX 608 SOUTHBORO, MA 01772	Mailing Address P.O. BOX 608 SOUTHBORO, MA 01772
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**DO NOT WRITE IN THIS SPACE**



03122008 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1673344	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 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	

U000000959405  
04/02/08-80020-021 150.00

**DO NOT WRITE  
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 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/12/08** **508-303-9725**  
\_\_\_\_\_  
Date Daytime Phone #