SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

WE NEVER RECEIVED THE FIRST REQUEST

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 PM 0:05

DOCUMENT # **F94000000248 (4)**

1. Corporation Name

HTI VOICE SOLUTIONS, INC.

Principal Place of Business	Mailing Address
333 TURNPIKE RD. SOUTHBOROUGH MA 01772	333 TURNPIKE RD. SOUTHBOROUGH MA 01772

2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30

5. Certificate of Status Desired ☐ $30.00 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	D ☐ Change ☐ Addition
NAME	BRATER, KENNETH B	12 NAME	LINEBERGER JAMES JR
STREET ADDRESS	39 MYRICK LN.	13 STREET ADDRESS	THREE PICKWICK PLAZA
CITY ST ZIP	HARVARD MA 01451	14 CITY ST ZIP	GREENWICH, CT 06830
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	TARZIA, DOMENIC R	22 NAME	
STREET ADDRESS	78 PLEASANT ST.	23 STREET ADDRESS	
CITY ST ZIP	PEMBROKE MA 02359	24 CITY ST ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CRANMER, WILLIAM C JR	32 NAME	
STREET ADDRESS	497 BROOK ST.	33 STREET ADDRESS	
CITY ST ZIP	FRAMINGHAM MA 01701	34 CITY ST ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	TOWNSEND, CHARLES C JR	42 NAME	
STREET ADDRESS	128 MOORES MILL RD.	43 STREET ADDRESS	
CITY ST ZIP	HOPEWELL NJ 08525-2404	44 CITY ST ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	~~SORRANO, RONALD~~ SULLIVAN, COWEEN	52 NAME	SULLIVAN, COWEEN
STREET ADDRESS	227 CHURCH ST.	53 STREET ADDRESS	
CITY ST ZIP	NEW HAVEN CT 06510	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☒ Addition
NAME	SWORD WILLIAM JR	62 NAME	
STREET ADDRESS	34 CHAMBERS STREET	63 STREET ADDRESS	
CITY ST ZIP	PRINCETON, NJ 08542	64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W Cranmer - WM CRANMER, SECRETARY 6/6/95 508 485-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

0177074 FN

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F94000000802 (8)

1. Corporation Name

SIMMONS POULTRY FARMS, INC.

Principal Place of Business	Mailing Address
PO BOX 430 SILOAM SPRINGS AR 72761	PO BOX 430 SILOAM SPRINGS AR 72761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/17/1994
3a. Date of Last Report: 1-1-94

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: 71-0678256	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent		
JONES, JIM 3201 STEVENSON CT. PLANT CITY FL 33567	81 Name		
	82 Street Address (P.O. Box Number is Not Acceptable)		
	83		
	84 City: FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, MARK C	12 NAME	
STREET ADDRESS	410 W. CENTRAL ST.	13 STREET ADDRESS	
CITY ST ZIP	SILOAM SPRINGS AR 72761	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, TODD	22 NAME	
STREET ADDRESS	410 W. CENTRAL ST.	23 STREET ADDRESS	
CITY ST ZIP	SILOAM SPRINGS AR 72761	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	SIMMONS, DIAN	32 NAME	
STREET ADDRESS	410 W. CENTRAL ST.	33 STREET ADDRESS	
CITY ST ZIP	SILOAM SPRINGS AR 72761	34 CITY ST ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	BUTLER, LYNCH	42 NAME	
STREET ADDRESS	4095 E US 412	43 STREET ADDRESS	
CITY ST ZIP	SILOAM SPRINGS AR 72761	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	ONSTOTT, PETE	52 NAME	
STREET ADDRESS	#9 CANTERBURY LANE	53 STREET ADDRESS	
CITY ST ZIP	SILOAM SPRINGS AR 72761	54 CITY ST ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	KEALY, WILLIAM J	62 NAME	
STREET ADDRESS	RT. 1	63 STREET ADDRESS	
CITY ST ZIP	SULPHUR SPRINGS AR 72768	64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pete Onstott 6-6-95 501-524-8151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pete Onstott

0182000 FN