

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # F94000000248 (4)

1. Corporation Name

HTI VOICE SOLUTIONS, INC.



Principal Place of Business

Mailing Address

~~333 TURNPIKE RD.~~
~~SOUTHBOROUGH MA 01772~~

MOVED

~~333 TURNPIKE RD.~~
~~SOUTHBOROUGH MA 01772~~

2. Principal Place of Business

2a. Mailing Address

21 **67 FOREST STREET**

26 **67 FOREST STREET**

Suite, Apt #, etc

Suite, Apt #, etc

City & State

City & State

23 **MARLBOROUGH, MA**

28 **MARLBOROUGH, MA**

Zip

Country

Zip

Country

24 **01752**

25

29 **01752**

30

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

Signature typed or printed name of registered agent and director, if applicable

(NOTE: Registered Agent's signature required when first stated)

(Date)

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE
NAME **BRATER, KENNETH B**
STREET ADDRESS **39 MYRICK LN.**
CITY-ST-ZIP **HARVARD MA 01451**

TITLE **V** ☐ DELETE
NAME **TARZIA, DOMENIC R**
STREET ADDRESS **78 PLEASANT ST.**
CITY-ST-ZIP **PEMBROKE MA 02359**

TITLE **S** ☐ DELETE
NAME **CRANMER, WILLIAM C JR**
STREET ADDRESS **497 BROOK ST.**
CITY-ST-ZIP **FRAMINGHAM MA 01701**

TITLE **D** ☐ DELETE
NAME **TOWNSEND, CHARLES C JR**
STREET ADDRESS **128 MOORES MILL RD.**
CITY-ST-ZIP **HOPEWELL NJ 08525-2404**

TITLE **D** ☐ DELETE
NAME **SULLIVAN, COLLEEN**
STREET ADDRESS **227 CHURCH ST.**
CITY-ST-ZIP **NEW HAVEN CT**

TITLE **D** ☐ DELETE
NAME **SWORD, WILLIAM JR**
STREET ADDRESS **34 CHAMBERS ST**
CITY-ST-ZIP **PRINCETON NJ**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **DIRECTOR** ☒ Change ☐ Addition
12 NAME **JAMES LINDBERGER JR**
13 STREET ADDRESS **THREE PICKWICK PLAZA**
14 CITY-ST-ZIP **GREENWICH, CT 06510**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

William C. Cranmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/10/96 508-485-8400
Date Date of Filing

CR2E034 (3/96)