

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000248

1. Entity Name

HTI VOICE SOLUTIONS, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90075 036 ***150.00

Principal Place of Business

Mailing Address

67 FOREST ST.
MARLBOROUGH MA 01772
US

67 FOREST ST.
MARLBOROUGH MA 01752-3088
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

04-2785546

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS JAMES LINEBERGER, JR.
CITY-ST-ZIP THREE PICKWICK PLAZA
GREENWICH CT

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1120 POST ROAD
CITY-ST-ZIP DARIAN, CT 06820

TITLE ☒ Delete
NAME V
STREET ADDRESS TARZIA, DOMENIC R
CITY-ST-ZIP 78 PLEASANT ST.
PEMBROKE MA 02359

TITLE ☐ Change ☒ Addition
NAME DIRECTOR
STREET ADDRESS CHARLES MINER
CITY-ST-ZIP 227 CHURCH STREET
NEW HAVEN, CT 06510

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 11 WAHCONAH
CITY-ST-ZIP BOZRAH, CT 06334

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 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

Date

Daytime Phone #

CR2E034 (9/99)