

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90074 035 ***150.00

DOCUMENT # F94000000248

1. Entity Name

HTI VOICE SOLUTIONS, INC.

Principal Place of Business

**67 FOREST ST.
 MARLBOROUGH MA 01772
 US**

Mailing Address

**67 FOREST ST.
 MARLBOROUGH MA 01772
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **04-2785546**

Applied For

Not Applicable

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	JAMES LINEBERGER, JR.	
STREET ADDRESS	1120 POST RD	
CITY-ST-ZIP	DARIEN CT 06820	
TITLE	D	<input type="checkbox"/> Delete
NAME	MINER, CHARLES	
STREET ADDRESS	310 ORANGE ST, ROOM 316	
CITY-ST-ZIP	NEW HAVEN CT 06510	
TITLE	S	<input type="checkbox"/> Delete
NAME	LAVALLEE, TODD	
STREET ADDRESS	6 ROCHELLE ST.	
CITY-ST-ZIP	AUBURN MA 01501	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, CHARLES C JR	
STREET ADDRESS	128 MOORES MILL RD.	
CITY-ST-ZIP	HOPEWELL NJ 08525-2404	
TITLE	D	<input type="checkbox"/> Delete
NAME	SULLIVAN, COLLEEN	
STREET ADDRESS	11 WAHCONAH	
CITY-ST-ZIP	BOZRAH CT 06334	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWORD, WILLIAM JR	
STREET ADDRESS	34 CHAMBERS ST	
CITY-ST-ZIP	PRINCETON NJ	

TITLE	PST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KENNETH B. BRATER	
STREET ADDRESS	39 MYRICK LANE	
CITY-ST-ZIP	HARVARD, MA 01451	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Todd Lavallee **TODD LAVALLEE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)