


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90057 050 \*\*\*150.00

<b>DOCUMENT # F94000000248</b> 1. Entity Name HTI VOICE SOLUTIONS, INC.					
Principal Place of Business 2 MOUNT ROYAL AVENUE MARLBOROUGH, MA 01752 US			Mailing Address 2 MOUNT ROYAL AVENUE MARLBOROUGH, MA 01752 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-2785546</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
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 <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>NOT APPLICABLE</u> (NOTE: Registered Agent signature required when reinstating) DATE					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> Trust Fund Contribution.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST BRATER, KENNETH B 39 MYRICK LANE HARVARD, MA 01451		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MINER, CHARLES 310 ORANGE ST, ROOM 316 NEW HAVEN, CT 06510		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, JAN 8300 FIRESTONE DRIVE FLOWER MOUNT, TX 75022	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAVALLEE, TODD 6 ROCHELLE ST. AUBURN, MA 01501		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, CHARLES C JR 128 MOORES MILL RD. HOPEWELL, NJ 085252404		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULLIVAN, COLLEEN 11 WAHCONAH BOZRAH, CT 06334		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, CHARLES SBC SNET 310 ORANGE ST, ROOM 808 NEW HAVEN, CT 06510	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWORD, WILLIAM JR 34 CHAMBERS ST PRINCETON, NJ		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>TODD LAVALLEE</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			2/23/04 508-485-8400 Date Daytime Phone #		