

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90132 030 ***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
2 MOUNT ROYAL AVENUE

3. Mailing Address
2 MOUNT ROYAL AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARLBOROUGH, MA ~~MA~~ **MARLBOROUGH, MA**

Zip
01752

Country
USA

Zip
01752

Country
USA

4. FEI Number **04-2785546**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

3. **After May 1, 2003 Fee will be \$550.00**
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PET KENNETH B. BRATER 39 MYRICK LANE HARVARD, MA 01451	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **DAVID A. WILSON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 (508) 485-8400
Date Daytime Phone #

CR2E034 (10/02)