**PROFIT** CORPORATION ANNUAL REPORT



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

1996

Corporation Name	LA200000 1A88	(3
NATIONAL TRANSA	CTION NETWORK, INC.	

Principal Place of Business Maling Address 9 KANE INDUSTRIAL DRIVE 9 KANE INDUSTRIAL DRIVE **HUDSON MA 01749** HUDSON MA 01749 3a. Date of Last Report 3. Date Incorporated or Qualified 04/24/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 75-1535237 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Bldg 9 27 Bldg 9 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be  $\Box$ 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes XINo 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM R2 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 83 84 City 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 title 1 applicable (NOT:: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE SIEGENTHALER, PAUL A NAME 1.2 NAME 1049 WEBSTER STREET STREET ADDRESS 1.3 STREET ADDRESS NEEDHAM MA 02192 CITY-S1-ZIP 1.4 CITY - ST- ZIP DELFTE C TITLE 2 110116 K1 Change ☐ Addition CROMBIE, PETER S NAME 2.2 NAME Jeffrey B. Finestone 30 WHITEMARL DRIVE, OTTAWA, ONTARIO STREET ADDRESS 2.3 STREET ADDRESS 5869 Shalom KIL 8J6 CANADA CITY-ST-ZIP 2 4 CITY - ST-ZIP Montreal, Canada [] DELETE 3 1 TITLE ☐ Change Addition ALPERN, MILTON A NAME 3.2 NAME 2 POST OAK LANE STREET ADDRESS 3.3. STREET ADDRESS NATICK MA 01760 CITY-SI-7P 3.4 CITY - ST - ZIP SD TITLE TT DELETE 4 1 TITLE ☐ Change Addition KOURI, BRIAN NAME 4.2 NAME 114 LONGMEADOW, POINTE CLAIRE, QUEBEC STREET ADDRESS 4.3 STREET ADDRESS H9R 2X2 CANADA City-St-ZiP 4.4 CITY - ST - ZIP TITLE DELETE Change Addition 5 1 TITLE THOMPSON, CHARLES R NAME 5.2 NAME STREET ADDRESS 535 MADISON AVENUE 5.3 STREET ADDRESS NEW YORK NY 10022 CITY-ST-ZIP 5.4 CITY-ST-ZiP TITLE T DELETE 6 1 TITLE ☐ Change Addition ILLICK, CHRISTOPHER D NAME 22 MOUNTAIN AVE STREET ADDRESS 6.3 STREET ADDRESS PRINCETON NJ 08540

6.4 CITY-ST-ZIP

MILTON A. ALPERN

SIGNATURE:

appears in Block 12 or Block

CITY-ST-ZIF

VICE PRESIDENT OF FINANCE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. I do hereby certify that the information cupplied 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 logal 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

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