

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90007 042 ***550.00

DOCUMENT # **F95000001988** ✓

Corporation Name

NATIONAL TRANSACTION NETWORK, INC.



Principal Place of Business

117 FLANDERS RD
STBOROUGH MA 01581

Mailing Address

117 FLANDERS RD
WESTBOROUGH MA 01581
US

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/24/1995

4. FEI Number

75-1535237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PC	THOMSON, L B	200 POPLAR DR	OAKVILLE ON	<input type="checkbox"/> DELETE
ET ADDRESS				
ST-ZIP				
VMD	KUBLER, KENNETH M	3427 SHADY OAKS	FLOWER MOUND TX	<input checked="" type="checkbox"/> DELETE
ET ADDRESS				
ST-ZIP				
VT	ALPERN, MILTON A	2 POST OAK LANE	NATICK MA 01760	<input checked="" type="checkbox"/> DELETE
ET ADDRESS				
ST-ZIP				
D	SCHELLHORN, CHRISTOPHER F	31 CHESSOR LN	WILTON CT	<input type="checkbox"/> DELETE
ET ADDRESS				
ST-ZIP				
D	WHITTON, GEORGE C	39851 N 54TH ST	CAVE CREEK AZ	<input type="checkbox"/> DELETE
ET ADDRESS				
ST-ZIP				
				<input type="checkbox"/> DELETE

1.1 TITLE	C/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Thomson, L B	
1.3 STREET ADDRESS	200 Poplar Dr	
1.4 CITY-ST-ZIP	Oakville ON	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gregory Lewis	
6.3 STREET ADDRESS	3770 Newport Bay Drive	
6.4 CITY-ST-ZIP	Alpharetta, GA 30005	

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

Sept 7/99

416-245-6700

CR2E034 (5/99)