COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (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

OCUMENT #
Corporation Name F95000001988

NATIONAL TRANSACTION NETWORK, INC.

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

09-07-1999 90007 042 ***550.00



	e or business		_						
FLANDERS	S RD	117 FLANDERS F							
3TBOROUGI	H MA 01581	WESTBOROUGH	MA 01581						
		US				DO NOT W	RITE IN THI	S SPACE	
						3. Date Incorporated or Qualific	ed		
						04/24/1995			
Principal Pl	ace of Business	2a. Mailing Addre	ess			4. FEI Number 75-1535237 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		"	Applied For
-incipal Place of Business		26				75-1535237			Not Applica
Cuita Ant	# ata	Suite, Apt. #, etc.			***	13-1333237 Not App.			
Suite, Apt. #	#, etc.	_ 			5. Certificate of Status Desired Fee Required				
		27							
City & State	9	City & State				t	,g 🗀		00 May Be
		28						Add	ed to Fees
Żip	Country	Zip		Country		8. This corporation owes the co	-	П.,	_
	25	29	30			Intangible Personal Property		∐ Yes	<u> </u>
	9. Name and Address of Curr	ent Registered Agent,				10. Name and Address of Nev	v Registered	d Agent	
		,		81	Name				
CT (CORPORATION SYSTEM						. 4 - 1-1 - 1		
1200	O SOUTH PINE ISLAND ROAD			82	Street A	ddress (P.O. Box Number is Not Acce	ptable)		
	NTATION FL 33324			83					
	THATION TE GGGET			83					
				84	City			85 2	Zip Code
	Control of Same Same				,		FI		
Pursuant	to the provisions of sections 607.05	02 and 607.1508, Florid	a Statutes, th	he above-r	named cor	rporation submits this statement for the	purpose of	changing it	s registered
-46	registered agent, or both in the Sta	te of Florida. Such chan	de was autho	onzea by i	tne corpor	ration's board of directors. I hereby acc	cept the appo	ointment a	s registered
Ource of t			SCOC CLASS						
agent. I a	am familiar with, and accept the obl	igations of, section 607.	0505, Florida	a Statutes.	•				
agent. I a		igations of, section 607.	0505, Florida 	a Statutes.			DAYE		
agent. I a	Signature, typed or printed name of registered a	igations of, section 607.	0505, Florida 	A Statutes.		required when reinstating)	DATE	ND DIBE	CTORE IN 1
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agent. 1 a	Signature, typed or printed name of registered a OFFICERS A PC THOMSON, L B 200 POPLAR DR	gent and title if applicable. AND DIRECTORS	O5O5, Florida	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STREET A	ent signature	ADDITIONS/CHANGES TO C C/S Thomson, LB 200 POPLAR Br			
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indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 paragraphs.

GNATURE:

416-245-6700