

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 8:00 am
Secretary of State

03-05-2004 90011 045 ***150.00

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1. Entity Name
**TRANS NATIONAL COMMUNICATIONS INTERNATIONAL,
INC.**



Principal Place of Business
**TWO CHARLESGATE WEST
BOSTON, MA 02215**

Mailing Address
**1720 Windward Concourse
Suite 250
Alpharetta, GA 30005**

44015406



02112004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3284489	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~NRAI SERVICES-INC~~
**526 EAST PARK AVE.
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TWOMEY, BRIAN TWO CHARLESGATE WEST BOSTON, MA 02215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEIDLEIN, WILLIAM B 2 CHARLESGATE WEST BOSTON, MA 02215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RASKIND, MARCY TWO CHARLESGATE WEST BOSTON, MA 02215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BELKIN, STEVEN B TWO CHARLESGATE WEST BOSTON, MA 02215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELKIN, JOAN TWO CHARLESGATE WEST BOSTON, MA 02215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIDLEIN, WILLIAM B 133 FEDERAL STREET BOSTON, MA 02110

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian C. Twomey
BRIAN C. TWOMEY

2-24-04 617-369-1000

Date

Daytime Phone #