

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F97000006609

1. Entity Name
OMTOOL, LTD. COMPANY



Principal Place of Business
**6 RIVERSIDE DRIVE
ANDOVER, MA 01810**

Mailing Address
**6 RIVERSIDE DRIVE
ANDOVER, MA 01810**



01182007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0447481	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	VOELK, ROBERT L
STREET ADDRESS	6 RIVERSIDE DRIVE
CITY-ST-ZIP	ANDOVER, MA 01810

TITLE	D
NAME	SCHULTZ, MARTIN A
STREET ADDRESS	6 RIVERSIDE DRIVE
CITY-ST-ZIP	ANDOVER, MA 01810

TITLE	STCF
NAME	COCCOLUTO, DANIEL
STREET ADDRESS	6 RIVERSIDE DRIVE
CITY-ST-ZIP	ANDOVER, MA 01810

TITLE	D
NAME	CRAMER, RICHARD D
STREET ADDRESS	430 BEDFORD STREET
CITY-ST-ZIP	LEXINGTON, MA 02173

TITLE	D
NAME	O'HALLORAN, JAMES
STREET ADDRESS	6 RIVERSIDE DRIVE
CITY-ST-ZIP	ANDOVER, MA 01810

TITLE	D
NAME	DITRI, ARNOLD
STREET ADDRESS	6 RIVERSIDE DRIVE
CITY-ST-ZIP	ANDOVER, MA 01810

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01/31/07-80033-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

DAN COCCOLUTO

1/15/07

Daytime Phone # _____