


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000002440 1. Entity Name TRANSIT IMAGE, INC.	
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Principal Place of Business 35 CHIEFS WAY RANDOLPH, MA 02368-4222	Mailing Address P.O. BOX 1409 RANDOLPH, MA 02368-4222
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DO NOT WRITE IN THIS SPACE

**FILED**  
**Feb 04, 2004 08:00 AM**  
**Secretary of State**



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2994819	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

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000036364 02/06/04-80052-017 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEATING, ROBERT E 65 WINDY HILL ROAD COHASSET, MA 02025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BURKE, WILLIAM H 48 CHIPPING HILL PLYMOUTH, MA 02360
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BURKE, AUSTIN W 46 MAYFLOWER ROAD BRAINTREE, MA 02184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Robert E. Keating Pres 2/2/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #