

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90192 018 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000003637

1. Corporation Name
SIGNAL TRANSCRIPTION NETWORK, INC.



Principal Place of Business
**10630 LITTLE PATUXENT PKWY. STE 300
COLUMBIA MD 21044**

Mailing Address
**10630 LITTLE PATUXENT PKWY. STE 300
COLUMBIA MD 21044**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1998

4. FEI Number

52-1542079

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

08053

USA

9. Name and Address of Current Registered Agent

**ONISICK, AVA
9720 EXECUTIVE CENTER DRIVE, STE 110
ST PETERSBURG FL 33702**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. 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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	STULTS, ROBIN	17715 QUAIL COVEY COURT	WOODBINE MD	<input checked="" type="checkbox"/>
V	ONISICK, AVA	12801 TINSTONE CT	SILVER SPRING MD	<input checked="" type="checkbox"/>
VST	SACK, JERRY	7304 HELMSDALE RD.	BETHESDA MD	<input checked="" type="checkbox"/>
CD	POLAKOFF, SYDNEY	9920 BENTCROSS DR.	POTOMAC MD	<input checked="" type="checkbox"/>
D	SACK, SEMILIA	7304 HELMSDALE RD.	BETHESDA MD	<input checked="" type="checkbox"/>
D	POLAKOFF, DELORES	9920 BENTCROSS DR.	POTOMAC MD	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	John A. Donohoe	5 Greentree Center, Suite 311	Marlton NJ 08053	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	John M. Suender	5 Greentree Center, Suite 311	Marlton, NJ 08053	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	John R. Emery	5 Greentree Center, Suite 311	Marlton, NJ 08053	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VP and Controller	Bruce Van Fossen	5 Greentree Center, Suite 311	Marlton, NJ 08053	<input type="checkbox"/>	<input checked="" type="checkbox"/>

14. 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

609-596-8172
Daytime Phone #

CR2E034 (11/98)