

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005921

1. Entity Name
MEDQUIST TRANSCRIPTIONS, LTD., INC.

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90025 006 ***150.00

Principal Place of Business
FIVE GREENTREE CENTRE, SUITE 311
MARLTON NJ 08053

Mailing Address
FIVE GREENTREE CENTRE, SUITE 311
MARLTON NJ 08053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-1850433		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COYLE, CAROL 700 WEST HILLSBORO BLVD., SUITE 2-106 DEERFIELD BEACH FL 33441				Name Vickie Fila			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL		Zip Code	

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.

SIGNATURE *[Signature]* DATE 3/6/01

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DONOHUE, JOHN A JR. FINE GREENTREE CENTRE, SUITE 311 MARLTON NJ 08053 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS VAN FOSSEN, BRUCE FINE GREENTREE CENTRE, SUITE 311 MARLTON NJ 08053 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SUENDER, JOHN M FINE GREENTREE CENTRE, SUITE 311 MARLTON NJ 08053 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT EMERY, JOHN R FINE GREENTREE CENTRE, SUITE 311 MARLTON NJ 08053 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Kearns, Brian J. Five Greentree Centre, Suite 311 Marlton, NJ 08053 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD COHEN, DAVID A FINE GREENTREE CENTRE, SUITE 311 MARLTON NJ 08053 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE 3/6/01 DAYTIME PHONE # (PSG) 810-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)