2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2005 8:00 am
Secretary of State
08-11-2005 90001 002 ***558.75

DOCUMENT # F99000005921

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

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

2. Principal Place of Business	3. Mailing Address
1000 Bishops Gate Blvd	1000 Bishops Gate Blvd
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Mt. Laurel, NJ	City & State: Mt. Laurel, NJ
Zip: 08054 Country: USA	Zip: 08054 Country: USA

08032005 Chg-P CR2E034 (10/03)

4. FEI Number: 22-1850433 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	Name 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUENDER, JOHN M FIVE GREENTREE CENTRE, SUITE 311 MARLTON, NJ 08053	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Howard Hoffmann 1000 Bishops Gate Blvd., Suite 300 Mt. Laurel, NJ 08054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS VAN FOSSEN, BRUCE FIVE GREENTREE CENTRE, STE 311 MARLTON, NJ 08053	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Frank Lavelle 1000 Bishops Gate Blvd., Suite 300 Mt. Laurel, NJ 08054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SUENDER, JOHN M FIVE GREENTREE CENTRE, STE 311 MARLTON, NJ 08053	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Bruce Van Fossen 1000 Bishops Gate Blvd. Suite 300 Mt. Laurel, NJ 08054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KEARNS, BRIAN J FIVE GREENTREE CENTRE, SUITE 311 MARLTON, NJ 08053	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Mark Sullivan 1000 Bishops Gate Blvd., Suite 300 Mt. Laurel, NJ 08054	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT KEARNS, BRIAN J FIVE 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

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: _____ 8/9/05 856-206-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #