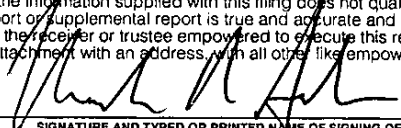


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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 FIVE GREENTREE CENTRE, SUITE 311 MARLTON, NJ 08053			Mailing Address FIVE GREENTREE CENTRE, SUITE 311 MARLTON, NJ 08053		
2. Principal Place of Business 1000 Bishops Gate Blvd		3. Mailing Address 1000 Bishops Gate Blvd			
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300		08032005 Chg-P CR2E034 (10/03)	
City & State Mt. Laurel, NJ		City & State Mt. Laurel, NJ		4. FEI Number 22-1850433	
Zip 08054		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
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 ☐ Change ☒ Addition Howard Hoffmann 1000 Bishops Gate Blvd., Suite 300 Mt. Laurel, NJ 08054		
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 ☐ Change ☒ Addition Frank Lavelle 1000 Bishops Gate Blvd., Suite 300 Mt. Laurel, NJ 08054		
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 ☐ Change ☒ Addition Bruce Van Fossen 1000 Bishops Gate Blvd. Suite 300 Mt. Laurel, NJ 08054		
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 ☐ Change ☒ Addition Mark Sullivan 1000 Bishops Gate Blvd., Suite 300 Mt. Laurel, NJ 08054		
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					