

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # F99000005921

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



Principal Place of Business  
1000 BISHOPS GATE BLVD  
SUITE 300  
MOUNT LAUREL, NJ 08054

Mailing Address  
1000 BISHOPS GATE BLVD  
SUITE 300  
MOUNT LAUREL, NJ 08054



03222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 22-1850433	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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFFMAN, HOWARD 1000 BISHOPS GATE BLVD, SUITE 300 MOUNT LAUREL, NJ 08054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAVELLE, FRANK 1000 BISHOPS GATES BLVD, SUITE 300 MOUNT LAUREL, NJ 08054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAN FOSSEN, BRUCE 1000 BISHOPS GATES BLVD, SUITE 300 MOUNT LAUREL, NJ 08054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SULLIVAN, MARK 1000 BISHOPS GATES BLVD, SUITE 300 MOUNT LAUREL, NJ 08054
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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04/05/07-80044-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: \_\_\_\_\_

Mark Sullivan

856-206-4188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #