2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008
Secretary of State

DOCUMENT# F99000005921

Entity Name: MEDQUIST TRANSCRIPTIONS, LTD., INC.

Current Principal Place of Business:

1000 BISHOPS GATE BLVD
SUITE 300
MOUNT LAUREL, NJ 08054

New Principal Place of Business:

Current Mailing Address:

1000 BISHOPS GATE BLVD
SUITE 300
MOUNT LAUREL, NJ 08054

New Mailing Address:

FEI Number: 22-1850433 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HOFFMAN, HOWARD
Address: 1000 BISHOPS GATE BLVD, SUITE 300
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: VD ( ) Delete
Name: LAVELLE, FRANK
Address: 1000 BISCHOPS GATES BLVD, SUITE 300
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: T ( ) Delete
Name: VAN FOSSEN, BRUCE
Address: 1000 BISCHOPS GATES BLVD, SUITE 300
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: SD (X) Delete
Name: SULLIVAN, MARK
Address: 1000 BISCHOPS GATES BLVD, SUITE 300
City-St-Zip: MOUNT LAUREL, NJ 08054

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HOFFMANN, HOWARD
Address: 1000 BISHOPS GATE BLVD, SUITE 300
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: SD (X) Change ( ) Addition
Name: SULLIVAN, MARK R
Address: 1000 BISHOPS GATE BLVD, SUITE 300
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: T (X) Change ( ) Addition
Name: VAN FOSSEN, BRUCE
Address: 1000 BISHOPS GATE BLVD, SUITE 300
City-St-Zip: MOUNT LAUREL, NJ 08054

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK R. SULLIVAN SD 01/07/2008

Electronic Signature of Signing Officer or Director — Date