

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91435 018 ***150.00

DOCUMENT # F99000006519

1. Entity Name
NATIONAL TAPE CORPORATION



Principal Place of Business
**1400 PROVIDENCE HIGHWAY
NORWOOD, MA 02062**

Mailing Address
**P O BOX 3038
BOCA RATON, FL 33431-0938**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
72-0637092

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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, 2003 Fee will be \$650.00
Make Check Payable to Florida Department of State**

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 **PD** ☒ Delete
NAME **MCDONOUGH, STEPHEN**
STREET ADDRESS **THREE TYCO PARK**
CITY-ST-ZIP **EXETER, NH 03833**

TITLE **P D** ☐ Change ☒ Addition
NAME **Terry Sutter**
STREET ADDRESS **273 Corporate Dr Ste 100**
CITY-ST-ZIP **PORTSMOUTH, NH 03801**

TITLE **T** ☒ Delete
NAME **ROBINSON, MICHAEL A**
STREET ADDRESS **ONE TOWN CENTER ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE **T** ☐ Change ☒ Addition
NAME **Martina Hand-Mejan**
STREET ADDRESS **9 West 57th St 43rd Fl**
CITY-ST-ZIP **New York, NY 10019**

TITLE **V** ☒ Delete
NAME **BELNICK, MARK A**
STREET ADDRESS **9 WEST 57TH STREET 43RD FLOOR**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE **D S** ☐ Change ☒ Addition
NAME **M. Brian Moroz**
STREET ADDRESS **273 Corporate Dr Ste 100**
CITY-ST-ZIP **PORTSMOUTH, NH 03801**

TITLE **VPAT** ☐ Delete
NAME **STEVENSON, SCOTT**
STREET ADDRESS **ONE TOWN CENTER ROAD**
CITY-ST-ZIP **BOCA RATON, FL 33486**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☒ Delete
NAME **GUTIN, IRVING**
STREET ADDRESS **ONE TYCO PARK**
CITY-ST-ZIP **EXETER, NH 03833**

TITLE **VD** ☐ Change ☒ Addition
NAME **Timothy E. Flanigan**
STREET ADDRESS **9 West 57th St 43rd Fl**
CITY-ST-ZIP **New York, NY 10019**

TITLE **V** ☐ Delete
NAME **BRANDON, MARK**
STREET ADDRESS **1400 PROVIDENCE HIGHWAY**
CITY-ST-ZIP **NORWOOD, MA 02062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR P

Scott Stevenson
Vice President/Asst. Treasurer

4/14/03

Date

Daytime Phone #

CR2E034 (10/02)