


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
05 MAR 29 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |   |
|--|---|
| <b>DOCUMENT # P36491</b><br>1. Entity Name<br>NMC SERVICES, INC. |  |
|--|---|

|  |   |
|--|---|
| Principal Place of Business<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420 US | Mailing Address<br>ATTN: TAX DEPT., 95 HAYDEN AVE<br>LEXINGTON, MA 02420 US |
|--|---|

|                                |                    |
|--------------------------------|--------------------|
| 2. Principal Place of Business | 3. Mailing Address |
|--------------------------------|--------------------|

|                     |                     |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

|              |              |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

|     |         |     |         |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



03042005 Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>04-3136699 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |
|---|
| <b>6. Name and Address of Current Registered Agent</b><br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324 |
|---|

|   |
|---|
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

|  |                                    |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>LIEBERMAN, MARC<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420 <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>COLANTONIO, PAUL<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420 <input type="checkbox"/> Delete         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LIPPS, BEN<br>95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>FAWCETT, MARK<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420 <input type="checkbox"/> Delete             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>KUERBITZ, RONALD J<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420 <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>KOTT, DOUGLAS G<br>95 HAYDEN AVE<br>LEXINGTON, MA 02420 <input type="checkbox"/> Delete          |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | DP<br>Mats Wahlstrom<br>95 Hayden Ave<br>Lexington, MA 02420 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | 400050018274<br>04/06/05--01047--001 **3250.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition                          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:** Paul Colantonio **3/18/05** **781-402-9000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**NMC SERVICES, INC.**

FEIN 04-3136699

LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 05/12/04

| <b>DIRECTORS</b>   | <b>OFFICE</b>       | <b>BUSINESS</b>                         |
|--------------------|---------------------|---|
| MATS WAHLSTROM     | DIRECTOR            | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| <b>OFFICERS</b>    | <b>OFFICE</b>       | <b>BUSINESS</b>                         |
| MATS WAHLSTROM     | PRESIDENT           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| RONALD J. KUERBITZ | SR. VICE PRESIDENT  | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| ROBERT MCGORTY     | VICE PRESIDENT      | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| JOSEPH J. RUMA     | VICE PRESIDENT      | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| MARK FAWCETT       | TREASURER           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| PAUL J. COLANTONIO | ASSISTANT TREASURER | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| MARC S. LIEBERMAN  | ASSISTANT TREASURER | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |
| DOUGLAS G. KOTT    | SECRETARY           | 95 HAYDEN AVENUE<br>LEXINGTON, MA 02420 |