
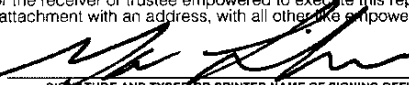


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P36491 1. Entity Name NMC SERVICES, INC.			
Principal Place of Business 95 HAYDEN AVE LEXINGTON, MA 02420 US		Mailing Address ATTN: TAX DEPT., 95 HAYDEN AVE LEXINGTON, MA 02420 US	
2. Principal Place of Business - No P.O. Box # 920 Winter Street		3. Mailing Address same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Waltham MA		City & State _____	
Zip 02451		Country _____	
		4. FEI Number 04-3136699	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	AT	<input type="checkbox"/> Delete	
NAME	LIEBERMAN, MARC		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	95 HAYDEN AVE		
CITY-ST-ZIP	LEXINGTON, MA 02420		920 Winter Street Waltham, MA 02451
TITLE	AT	<input type="checkbox"/> Delete	
NAME	COLANTONIO, PAUL		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	95 HAYDEN AVE		900101462409
CITY-ST-ZIP	LEXINGTON, MA 02420		05/04/07--01005--001 **4650.00
TITLE	DP	<input type="checkbox"/> Delete	
NAME	WAHLSTROM, MATS		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	95 HAYDEN AVENUE		"
CITY-ST-ZIP	LEXINGTON, MA 02420		"
TITLE	T	<input type="checkbox"/> Delete	
NAME	FAWCETT, MARK		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	95 HAYDEN AVE		"
CITY-ST-ZIP	LEXINGTON, MA 02420		"
TITLE	V	<input type="checkbox"/> Delete	
NAME	KUERBITZ, RONALD J		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	95 HAYDEN AVE		"
CITY-ST-ZIP	LEXINGTON, MA 02420		"
TITLE	S	<input type="checkbox"/> Delete	
NAME	KOTT, DOUGLAS G		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	95 HAYDEN AVE		B 5/2/07
CITY-ST-ZIP	LEXINGTON, MA 02420		
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: 		Marc S. Lieberman Assistant Treasurer 4/19/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		781-699-9000 <small>Daytime Phone #</small>	

FILED
2007 APR 25 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03302007 Chg-P CR2E034 (12/06)