FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 31 AM 8:41

DOCUMENT # P93000000792 (0)

1. Corporation Name

MULTI DIRECT INCORPORATED

Principal Place of Business	Mailing Address
4800 N. FEDERAL HWY. STE. 205. BUILDING A BOCA RATON FL 33431 US	4800 N. FEDERAL HWY. STE. 205. BUILDING A BOCA RATON FL 33431 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/06/1993
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business
21 5 OLD CAMBRIDGE TPK.
Suite, Apt. #, etc.
22
City & State
23 LINCOLN, MA
Zip
24 01773
Country
25 USA

2a. Mailing Address
26 5 OLD CAMBRIDGE TPK.
Suite, Apt. #, etc.
27
City & State
28 LINCOLN, MA
Zip
29 01773
Country
30 USA

4. FEI Number: 65-0385351 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4/22/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	1.1 TITLE	PTD	☑ Change ☐ Addition
NAME	KHOSLA, SANJAY	1.2 NAME	SANJAY KHOSLA	
STREET ADDRESS	10568 RIO HERMOSO	1.3 STREET ADDRESS	5 OLD CAMBRIDGE TPK.	
CITY ST ZIP	DELRAY BEACH FL	1.4 CITY ST ZIP	LINCOLN, MA 01773	
TITLE	S	2.1 TITLE	S	☑ Change ☐ Addition
NAME	KHOSLA, BELINDA	2.2 NAME	BELINDA KHOSLA	
STREET ADDRESS	10568 RIO HERMOSO	2.3 STREET ADDRESS	5 OLD CAMBRIDGE TPK.	
CITY ST ZIP	DELRAY BEACH FL	2.4 CITY ST ZIP	LINCOLN, MA 01773	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY ST ZIP		3.4 CITY ST ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY ST ZIP		4.4 CITY ST ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY ST ZIP		5.4 CITY ST ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY ST ZIP		6.4 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SANJAY KHOSLA 4/22/95 617-494-5622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

02M183 CP