

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000077809 (8)

1. Corporation Name

BOSTON TELECOMMUNICATION CONSULTANTS, INC.



Principal Place of Business

600 WEST CUMMINGS PARK STE 1050
WOBURN MA 01810

Mailing Address

600 WEST CUMMINGS PARK STE 1050
WOBURN MA 01810

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 P.O. Box 411

27 City & State

28 Lynnfield, Ma.
29 01940 30 Middlesex.

3. Date Incorporated or Qualified

10/11/1995

3a. Date of Last Report

4. FET Number

04-3282473

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

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

Edson H. Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

Unit 107

83

4835 Benita Beach Rd. S.W.

84 City

Benita Springs

FL

85 Zip Code

33923

11. Pursuant to the provisions of Sections 607.0102 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 607.0905, Florida Statutes.

SIGNATURE

Edson H. Thompson

Edson H. Thompson

4/30/96

12. OFFICERS AND DIRECTORS

TITLE Director
NAME Edson H. Thompson
STREET ADDRESS 4835 Benita Beach Rd. SW - Unit 107
CITY - ST - ZIP Benita Springs, FL 33923

TITLE President
NAME Charles Thompson
STREET ADDRESS 600 West Cummings Park, Suite 1050
CITY - ST - ZIP Woburn, Ma. 01801

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY - ST - ZIP

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY - ST - ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY - ST - ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY - ST - ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY - ST - ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. 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 applicable, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

4/30/96

DATE

617-937-3330

SG 5-1-96

CR2E034 (12/95)