## FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90086 040 \*\*\*150.00

## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCU<br>1. Entity Nan<br>PRESST   | ne                   | #F06000002                              | 2540  |                    |                        |               | ·                  | JUDU * * -          | 0000 040   | 130.0                               |                              |
|---|----------------------|---|---|--------------------|------------------------|---------------|--------------------|---------------------|--|-------------------------------------|------------------------------|
| Principal Place<br>55 EXECUTIVE HUDSON, NE  | VE DRIVE             | s                                       | Mailing Address 55 EXECUTIVE DRIVE HUDSON, NH 03051 |                    |                        |               |                    |                     | <b>88</b> 55 <b>48</b> 57 <b>88</b> 5 <b>0</b> 1 | 1 <b>78</b> 1 21111 <b>315</b> 11 6 |                              |
| 2. Principal F  | Place of Busin       | ness - No P.O. Box #                    | 3. Mailing Address                                  | 3. Mailing Address |                        |               |                    |                     |  |                                     |                              |
| Suite, Apt. #, etc.   |                      |   | Suite, Apt. #, etc.                                 |                    |                        |               | 03262007           | Chg-P               | CR2E   | 034 (12/06                          | )                            |
| City & State  |                      |   | City & State  |                    |                        |               | 4. FEI Numb        |                     |  |                                     | pplied For<br>lot Applicable |
| Zip   |                      | Country                                 | Zip   | Cour               | ntry                   |               | 5. Certificat      | e of Status Desired | a 🖸  | \$8.75 Ac<br>Fee Requir             |                              |
|   | 6. Name              | and Address of Current                  |   |                    |                        |               | 7. Name an         | d Address of Nev    | v Registered                                     | Agent                               |                              |
| CT CORP<br>1200 SOU<br>PLANTAT  | TH PINE              | ISLAND ROAD                             | £   | Street Add         | ress (                 | P.O. Box Numl | per is Not Accepta | FL                  | Zip Cod  | de                                  |                              |
| 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 privided 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, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees  |                      |   |   |                    |                        |               |                    |                     |  |                                     |                              |
| 10.   | T-00                 | OFFICERS AND                            |   | 11.                |                        |               | ADDITIONS          | CHANGES TO O        | FFICERS AND                                      |                                     |                              |
| TITLE<br>NAME   | PD                   | EDWARD J                                | Delete  | TITL               |                        |               | c=/= A =           | TRONED              |  | ☐ Change                            | Addition                     |
| STREET ADDRESS<br>CITY-ST-ZIP   | 55 EXECU             | JTIVE DRIVE<br>, NH 03051               |   | STRE               | ET ADDRESS<br>-ST-ZIP  | <i>ع</i> د    | CC A1              | 1 110 116 D         |  |                                     |                              |
| TITLE   | VPT                  | 11.1                                    | Delete  | TITL               | E                      |               |                    |                     |  | ☐ Change                            | Addition                     |
| NAME  | MOOSA, MOOSA E       |   | NAM   |                    | - (                    |               |                    |                     |  |                                     |                              |
| STREET ADDRESS<br>CITY-ST-ZIP   |                      | JTIVE DRIVE<br>, NH 03051               |   |                    | EET ADDRESS<br>-ST-ZIP |               |                    |                     | ····   |                                     |                              |
| TITLE   | S                    | IAMEC                                   | Oelete  | TITL               |                        |               |                    |                     |  | ☐ Change                            | Addition                     |
| NAME<br>STREET ADDRESS  | SCAFIDE              | , JAMES<br>JTIVE DRIVE                  | NAM<br>STRI   |                    | EET ADDRESS            |               |                    |                     |  |                                     |                              |
| CITY-ST-ZIP   | 1                    | , NH 03051                              |   | CITY               | -ST-ZIP                |               |                    |                     | _  |                                     |                              |
| TITLE   | D                    |   | ☐ Delete  | TITL               | E                      |               |                    |                     |  | ☐ Change                            | ☐ Addition                   |
| NAME<br>STREET ADDRESS  | DREYER,              | JOHN W<br>JTIVE DRIVE                   |   | NAM                | ET ADDRESS             |               |                    |                     |  |                                     |                              |
| CITY-ST-ZIP   | 1                    | , NH 03051                              |   |                    | -ST-ZIP                |               |                    |                     |  |                                     |                              |
| TITLE   | D                    |   | ☐ Delete  | tmu                | E                      |               |                    |                     | ····   | ☐ Change                            | ☐ Addition                   |
| NAME  |                      |   |   | NAM                | 1                      |               |                    |                     |  |                                     |                              |
| STREET ADDRESS<br>CITY-ST-ZIP   | i .                  | JTIVE DRIVE<br>. NH 03051               |   |                    | ET ADDRESS<br>-ST-ZIP  |               |                    |                     |  |                                     |                              |
| TITLE   | D                    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ☐ Delete  | TITLE              | E                      |               |                    |                     |  | ☐ Change                            | ☐ Addition                   |
| NAME  | HOWARD, LAWRENCE DR. |   |   | NAM                | 1                      |               |                    |                     |  |                                     |                              |
|   | 00 2 1200 1112       |   |   |                    | ET ADDRESS<br>-ST-ZIP  |               |                    |                     |  |                                     |                              |
| CITY-ST-ZIP   | <u> </u>             | ·                                       | this filing done not qualify f                      |                    |                        | ained         | in Chapter 11      | 9 Florida Statutan  | I further con                                    | tify that the                       | information                  |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Floride 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 ke empowered. |                      |   |   |                    |                        |               |                    |                     |  |                                     |                              |
| SIGNATURE: Jame 3 Jafle Jame 1 Scapely 3/27/67 603 575-7020 Date Dayone Phone #   |                      |   |   |                    |                        |               |                    |                     |  |                                     |                              |



| NAME                 | TITLE/POSITION                       | OFFICER=O DIRECTOR=BUSINESS ADDRESS |  |  |  |  |
|----------------------|--------------------------------------|-------------------------------------|--|--|--|--|
| Michael D. Moffitt   | Director                             | D                                   | 629 Governor Nicholls Street<br>New Orleans, LA 70116<br>504 592-3442 Office<br>504 592-3443 Fax   |  |  |  |
| Donald C. Waite, III | Director                             | D                                   | McKinsey & Co., Inc.<br>55 East 52nd Street<br>21st Floor<br>New York, NY 10022<br>212 446-8808 (voice mail)<br>Donna Naso 212-446-8785                |  |  |  |
| Steven N. Rappaport  | Director                             | D                                   | Lehigh Court<br>40 E. 52nd St 23rd Floor<br>New York, NY 10022<br>212 906-9000 Office<br>212 906-9096 Fax  |  |  |  |
| Brian Mullaney       | Director                             | D                                   | The Smile Train<br>245 Fifth Ave., Ste. 2201<br>New York, NY 10016<br>212 689-9199 Office<br>212 689-9299 Fax  |  |  |  |
| Jeffrey Cook         | CFO, Senior VP Finance,<br>Treasurer | 0                                   | Presstek, Inc.<br>55 Executive Drive<br>Hudson, NH 03051<br>603 595-7000 Main<br>603 594-8585 x3204 Direct<br>603 595-2602 Fax<br>Rachel McClane x3440 |  |  |  |
| Gerald Herman        | Controller, VP,<br>Asst. Secretary   | 0                                   | Presstek, Inc.<br>55 Executive Drive<br>Hudson, NH 03051<br>603 595-7000 Main<br>603 594-8585 x3209<br>603 595-2602 Fax<br>Rachel McClane x3440        |  |  |  |