Form 47

NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE, CONCORD, N.H.

A $50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15TH.

INFORMATION ON THIS REPORT SHALL BE AS OF JANUARY 1, FOR REPORT DUE APRIL 1,

RECEIVED
NOV 21 2003
NEW HAMPSHIRE
SECRETARY OF STATE

Not to be Filled in:
Date 11/21/03
Check No. 1050
Amount $150.00

REPORT FEE
LATE FILING FEE
TOTAL DUE

Posted SJP

PLEASE TYPE OR PRINT

NAME OF CORPORATION
HHA COMPLIANCE, INC.

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTES ON REVERSE SIDE.

FEDERAL ID # 01-0530032

PRINCIPAL OFFICE:
172 HANOVER ST
ADDRESS: NO. STREET
Portsmouth NH 03801
TOWN/CITY STATE ZIP

INCORPORATED UNDER THE LAWS OF:
STATE NEW HAMPSHIRE

The following information shall be given as of January 1 preceding the due date of April 1, 2003 (year)

NATURE OF BUSINESS IN NH:
SOFTWARE DEVELOPMENT

PRINCIPAL OFFICERS

PRESIDENT
MARY (MELISSA) COTT
BUSINESS ADDRESS: NO. STREET
172 HANOVER ST
TOWN/CITY STATE ZIP
Portsmouth NH 03801

TREASURER
WILLIAM SAVOIE
BUSINESS ADDRESS: NO. STREET
172 HANOVER ST
TOWN/CITY STATE ZIP
Portsmouth NH 03801

SECRETARY
WILLIAM SAVOIE
BUSINESS ADDRESS: NO. STREET
172 HANOVER ST
TOWN/CITY STATE ZIP
Portsmouth NH 03801

REGISTERED AGENT REGISTERED OFFICE

AGENT
JOHN K. BOSEN
BUSINESS ADDRESS: NO. STREET
75 CONGRESS ST SUITE 211
TOWN/CITY STATE ZIP
Portsmouth NH 03801

TO CHANGE REGISTERED AGENT AND/OR REGISTERED OFFICE, REQUEST FORM 9 FROM SECRETARY OF STATE. SEE NOTES ON REVERSE SIDE.

DIRECTORS

NH CORPORATIONS ARE REQUIRED TO HAVE AT LEAST ONE DIRECTOR. IF THE LAWS OF A FOREIGN CORPORATION DO NOT REQUIRE CERTAIN OFFICERS OR DIRECTORS, ENTER "NOT REQUIRED."

DIRECTOR
WILLIAM SAVOIE
BUSINESS ADDRESS: NO. STREET
172 HANOVER ST
TOWN/CITY STATE ZIP
Portsmouth NH 03801

DIRECTOR
MARY (MELISSA) COTT
BUSINESS ADDRESS: NO. STREET
172 HANOVER ST
TOWN/CITY STATE ZIP
Portsmouth NH 03801

IF THERE ARE ADDITIONAL DIRECTORS, ATTACH ADDITIONAL SHEET.

TO BE SIGNED BY AN OFFICER, DIRECTOR OR ANY OTHER PERSON AUTHORIZED BY THE BOARD OF DIRECTORS.

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

SIGNATURE [signature]

TYPE OR PRINT NAME: WILLIAM SAVOIE

TITLE: SECRETARY