

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 10 PM 2:27

DOCUMENT # 857209 (1)

1. Corporation Name
HUSSEY SEATING COMPANY

Principal Place of Business Mailing Address
**DYER STREET DYER STREET
NORTH BERWICK ME 03906 NORTH BERWICK ME 03906**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/26/1983** 3a. Date of Last Report **04/04/1994**

4. FEI Number **06-1032772** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY JR., PHILIP W.	1.2 NAME	
STREET ADDRESS	RIVER LOCKS ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	KENNEBUNKPORT ME	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, PETER A.	2.2 NAME	
STREET ADDRESS	NORTH STREET	2.3 STREET ADDRESS	
CITY - ST - ZIP	KENNEBUNKPORT ME	2.4 CITY - ST - ZIP	
TITLE	VST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLKHORST, STEPHEN S	3.2 NAME	
STREET ADDRESS	132 LONG SANDS ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	YORK ME	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUSSEY, TIMOTHY B	4.2 NAME	
STREET ADDRESS	BARNARD LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	KENNEBUNK ME	4.4 CITY - ST - ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSTON, ROBERT, C	5.2 NAME	
STREET ADDRESS	LEBANON RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	NORTH BERWICK ME	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(a), 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, attached, or on an attachment with an address.

SIGNATURE:

Robert C. Boston
ROBERT C. BOSTON
Registered Agent

3/21/95

PRINT NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE