


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 857209**  
 1. Entity Name  
**HUSSEY SEATING COMPANY**



Principal Place of Business      Mailing Address  
**DYER STREET**      **38 DYER ST EYT**  
**NORTH BERWICK, ME 03906**      **NORTH BERWICK, ME, 03906**

**DO NOT WRITE IN THIS SPACE**



04142004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>06-1032772</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000118538  
 04/19/04-80063-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HUSSEY, PETER A. NORTH STREET KENNEBUNKPORT, ME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KOLKHORST, STEPHEN S 72 FERNALD AVE YORK, ME 03909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HUSSEY, TIMOTHY B 33 SUMMER ST KENNEBUNK, ME 04043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BOSTON, ROBERT C 734 LEBANON RD NORTH BERWICK, ME 03906
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 like empowered.

SIGNATURE: *Robert C Boston*      4/19/04      207-676-2271  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #