2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005707

VERRILL, SUZANNE

21 WHITTIER ST.

DOVER, NH 03820

Name:

Address:

City-St-Zip:

FILED Jul 23, 2004 Secretary of State

Entity Name: WILLEY BROTHERS, INC. **Current Principal Place of Business: New Principal Place of Business:** ROCHESTER, NH 03839 **Current Mailing Address: New Mailing Address:** 10 MAIN ST ROCHESTER, NH 03839 FEI Number: 02-0373875 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: CFO (X) Change () Addition BROOKS, JAMES Name: Name: BROOKS, JAMES 6 FOREST AVE. 6 FOREST AVE. Address: Address: City-St-Zip: OLD GREENWICH, CT 06870 City-St-Zip: OLD GREENWICH, CT 06870 Title: Title: (X) Delete () Change () Addition Name: BURD, SHARON Name: 777 THIRD AVE. Address: Address: NEW YORK, NY 10017 City-St-Zip: City-St-Zip: () Delete Title: Title: CFO (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

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SIGNATURE: SUZANNE VERRILL CFO 07/23/2004