

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005067

FILED  
May 14, 2012  
Secretary of State

**Entity Name:** APPLIED PROACTIVE TECHNOLOGIES, INC.

**Current Principal Place of Business:**

146 CHESTNUT ST.  
SPRINGFIELD, MA 01103

**New Principal Place of Business:**

**Current Mailing Address:**

146 CHESTNUT ST.  
SPRINGFIELD, MA 01103

**New Mailing Address:**

**FEI Number:** 04-3329062

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., SUITE A  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PDT  
Name: LEISHMAN, DAVID J  
Address: 78 S. MAIN ST.  
City-St-Zip: SUFFIELD, CT 06078

Title: D  
Name: LEISHMAN, JANET K  
Address: 78 S. MAIN ST.  
City-St-Zip: SUFFIELD, CT 06078

Title: S  
Name: NICOLAI, PAUL P  
Address: 24 VENTURE DR.  
City-St-Zip: SPRINGFIELD, MA 01119

Title: VP  
Name: FEROLI, PETER M  
Address: 19G CASTLE HILL RD  
City-St-Zip: AGAWAM, MA 01001

Title: D  
Name: LEISHMAN, GREGORY J  
Address: 9 PONDVIEW DR  
City-St-Zip: SPRINGFIELD, MA 01118

I hereby 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 all other like empowered.

SIGNATURE: GREGORY J LEISHMAN

D

05/14/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date