

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002808

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** CELLULAR SPECIALTIES, INC.

**Current Principal Place of Business:**

670 NORTH COMMERCIAL ST  
SUITE 202  
MANCHESTER, NH 03101

**New Principal Place of Business:**

**Current Mailing Address:**

670 NORTH COMMERCIAL ST  
SUITE 202  
MANCHESTER, NH 03101

**New Mailing Address:**

**FEI Number:** 04-3358604      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** CEO  
**Name:** WILSON, ROBERT BRUCE  
**Address:** 56 SETON DR  
**City-St-Zip:** BEDFORD, NH 03101

**Title:** TRES  
**Name:** GOODRICH, SCOTT T  
**Address:** 815 DODGE HILL RD  
**City-St-Zip:** FRANCESTOWN, NH 03043

**Title:** SECR  
**Name:** CARR, KELLEY R  
**Address:** 2 MOORE LANE  
**City-St-Zip:** EXETER, NH 03833

**Title:** T  
**Name:** GOODRICH, FRED N. S.  
**Address:** 255 JOHN TASKER ROAD  
**City-St-Zip:** BARNSTEAD, NH 03043

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: R. BRUCE WILSON

CEO

04/13/2011

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

\_\_\_\_\_ Date