

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000002808

FILED
Feb 06, 2012
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

02/06/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date