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**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthant
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000001068 (4)

1. Corporation Name
KALWALL CORP.



Principal Place of Business: 1111 CANDIA RD. MANCHESTER NH 03109
Mailing Address: 1111 CANDIA RD. MANCHESTER NH: 03109-5207

3. Date Incorporated or Qualified: 03/07/1995
3a. Date of Last Report: 04/24/1996
4. FEI Number: 02-0237271
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: FL 85 Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: P	<input type="checkbox"/> DELETE
NAME: KELLER, RICHARD R	
STREET ADDRESS: 1111 CANDIA ROAD	
CITY-ST-ZIP: MANCHESTER NH 03109	
TITLE: VTD	<input type="checkbox"/> DELETE
NAME: KELLER, BRUCE M	
STREET ADDRESS: 1111 CANDIA ROAD	
CITY-ST-ZIP: MANCHESTER NH 03109	
TITLE: S	<input type="checkbox"/> DELETE
NAME: SEVERANCE, RICHARD	
STREET ADDRESS: PO BOX 4105	
CITY-ST-ZIP: MANCHESTER NH 03108-4105	
TITLE: C	<input type="checkbox"/> DELETE
NAME: KELLER, ROBERT R	
STREET ADDRESS: PO BOX 4105	
CITY-ST-ZIP: MANCHESTER NH 03108-4105	
TITLE: D	<input type="checkbox"/> DELETE
NAME: KELLER, ROBERT R JR	
STREET ADDRESS: PO BOX 4105	
CITY-ST-ZIP: MANCHESTER NH 03108-4105	
TITLE:	<input type="checkbox"/> DELETE
NAME:	
STREET ADDRESS:	
CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME:	SAME
1.3 STREET ADDRESS:	
1.4 CITY-ST-ZIP:	
2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME:	SAME
2.3 STREET ADDRESS:	
2.4 CITY-ST-ZIP:	
3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME:	41 UNION ST MANCHESTER, NH 03103
3.3 STREET ADDRESS:	
3.4 CITY-ST-ZIP:	
4.1 TITLE:	
4.2 NAME:	[Handwritten Signature]
4.3 STREET ADDRESS:	
4.4 CITY-ST-ZIP:	
5.1 TITLE:	
5.2 NAME:	[Handwritten Signature]
5.3 STREET ADDRESS:	
5.4 CITY-ST-ZIP:	
6.1 TITLE:	
6.2 NAME:	[Handwritten Signature]
6.3 STREET ADDRESS:	
6.4 CITY-ST-ZIP:	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 or changed from an attachment with an address.

SIGNATURE: [Handwritten Signature] RICHARD S. SEVERANCE

Date: 1/9/97 Daytime Phone #:

CR2E034 (9/96)