


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90054 050 ***150.00

DOCUMENT # F95000001068

1. Entity Name
KALWALL CORP.



Principal Place of Business
**1111 CANDIA RD.
MANCHESTER NH 03109**

Mailing Address
**PO BOX 4105
TAX DEPT
MANCHESTER NH 03108-4105**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **02-0237271** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. 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	41 UNION ST	
CITY-ST-ZIP	MANCHESTER NH	
TITLE	C	<input type="checkbox"/> Delete
NAME	KELLER, ROBERT R	
STREET ADDRESS	41 UNION ST	
CITY-ST-ZIP	MANCHESTER NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, ROBERT R JR	
STREET ADDRESS	41 UNION ST	
CITY-ST-ZIP	MANCHESTER NH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/03

Date Daytime Phone #

CR2E034 (10/02)