



Apr-29-04 09:48am From-GEAC ENTERPRISE SOLUTIONS

404289204

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P39875			
1. Entity Name REMANCO INTERNATIONAL, INC.			
Principal Place of Business 175 LEDGE ST NASHUA, NH 03060 US		Mailing Address 120 TURNPIKE ROAD TAX DEPT SOUTHBOROUGH, MA 01772-2104 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 106 Perimeter Center East Suite, Apt. #, etc.	
City & State		City & State Atlanta, GA	
Zip		Zip 30346	
Country		Country USA	
4. FEI Number 04-3127628		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NO IF Registered Agent signature recorded when remaining)</small>			
FILE NOW!! FEE IS \$160.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO BIRCH, PAUL 120 TURNPIKE RD SOUTHBOROUGH, MA 017722104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jeffrey M. Snider 120 Turnpike Road Southborough, MA 01772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GITAJN, ARTHUR 11 ALLSTATE PARKWAY MARKHAM ONT, CN-18R 9T8 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Donna de Winter 11 Allstate Parkway Markham Ontario Canada L3R 9T8 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT BOMBA, KATHRYN A S 120 TURNPIKE ROAD SOUTHBOROUGH, MA 017722104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jeffrey M. Snider 120 Turnpike Road Southborough, MA 01772 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, WILLIAM G 11 ALLSTATE PARKWAY MARKHAM ONT, CN <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Michael Myskiw 11 Allstate Parkway Markham Ontario Canada L3R 9T8 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRENT, JOHN 68 PERIMETER CENTER EAST ATLANTA, GA 30346 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hema Angaru 11 Allstate Parkway Markham Ontario Canada L3R 9T8 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Anna Forgiione 11 Allstate Parkway Markham Ontario Canada L3R 9T8 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 attached form with an address, with all other like empowered.			
SIGNATURE: 		MICHAEL MYSKIW 4/29/04 404-239-2173	
<small>Signature and typed or printed name of signing officer or director</small>		<small>Date Daytime Phone #</small>	