

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90036 018 ***150.00

DOCUMENT # F96000006546 1. Entity Name ALCATEL VACUUM PRODUCTS, INC.	
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Principal Place of Business 67 SHARP ST HINGHAM, MA 02043	Mailing Address 67 SHARP ST HINGHAM, MA 02043
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-2836162	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	DO NOT WRITE IN THIS SPACE
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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.

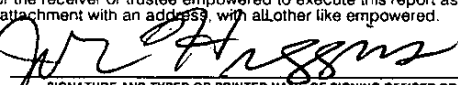
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUEGAN, JEAN-YVES ALLEE DU BOUVERAT, MENTHOU ST BERNAD 74290 FRANCE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIGGINS, JOHN 67 SHARP ST HINGHAM, MA 02043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE SAINT TRIVIER, JACQUES BP69 74000 ANNECY, FR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYRNES, PATRICK 67 SHARP ST HINGHAM, MA 02043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIGGINS, JOHN 67 SHARP ST HINGHAM, MA 02143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/4/06 781-331-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #