

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 589043

FILED
May 03, 2005
Secretary of State

Entity Name: NYLON POLYMERS, INC.

Current Principal Place of Business:

2443 ROCKFILL RD
FT MYERS, FL 33916 US

New Principal Place of Business:

505 CENTRAL AVENUE
PAWTUCKET, RI 02861 US

Current Mailing Address:

2443 ROCKFILL RD
FT MYERS, FL 33916 US

New Mailing Address:

FEI Number: 59-1848796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, JOHN C
2443 ROCKFILL RD
FT MYERS, FL 33916 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTSD () Delete
Name: LEE, JOHN C
Address: 2443 ROCKFILL RD
City-St-Zip: FT. MYERS, FL

Title: VD () Delete
Name: SMITH, STUART M
Address: 2443 ROCKFILL RD
City-St-Zip: FT MYERS, FL

Title: VD () Delete
Name: SANSOM, KEITH GEOFFREY
Address: 2443 ROCKFILL RD
City-St-Zip: FT MYERS, FL

Title: V () Delete
Name: DEWULF, EVAN
Address: 2443 ROCKFILL RD
City-St-Zip: FT MYERS, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FAIN, JONATHAN D
Address: 505 CENTRAL AVENUE
City-St-Zip: PAWTUCKET, RI 02861 US

Title: VD (X) Change () Addition
Name: LEDERER, BERTRAM M
Address: 505 CENTRAL AVENUE
City-St-Zip: PAWTUCKET, RI 02861 US

Title: D (X) Change () Addition
Name: MURRAY, WILLIAM J
Address: 505 CENTRAL AVENUE
City-St-Zip: PAWTUCKET, RI 02861 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: MORRISON, JAMES E
Address: 505 CENTRAL AVENUE
City-St-Zip: PAWTUCKET, RI 02861 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES E. MORRISON

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05/03/2005

Electronic Signature of Signing Officer or Director

Date