

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 812431

1. Corporation Name

NASHUA CORPORATION

Principal Place of Business

44 FRANKLIN ST
NASHUA NEW HAMPSHIRE 03060-2665

Mailing Address

44 FRANKLIN ST
NASHUA NEW HAMPSHIRE 03060-2665

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90185 032 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1957

4. FEI Number

02-0170100

Applied For

Not Applicable

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	GARBACZ, GERALD	
STREET ADDRESS	26 THE FLUME	
CITY-ST-ZIP	AMHERST NH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUCKLER, SHELDON A.	
STREET ADDRESS	ONE MAIN ST	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	VPCF	<input checked="" type="checkbox"/> DELETE
NAME	JUNIUS, DANIEL E.	
STREET ADDRESS	12 CRESTWOOD COURT	
CITY-ST-ZIP	AMHERST NH	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GONZALEZ-RIVAS, JOSEPH I	
STREET ADDRESS	19 THE FLUME	
CITY-ST-ZIP	AMHERST NH	
TITLE	EO	<input type="checkbox"/> DELETE
NAME	ORR, JAMES F., III	
STREET ADDRESS	2211 CONGRESS ST.	
CITY-ST-ZIP	PORTLAND ME	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	JEANS, MICHAEL D.	
STREET ADDRESS	107 WESTFORD RD	
CITY-ST-ZIP	CONCORD MA 01742	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VANCE
3.3 STREET ADDRESS	PATENAUDE, JOHN L.
3.4 CITY-ST-ZIP	1 TIMBER LANE HUDSON, NH 03051
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP/S
6.3 STREET ADDRESS	ANASTAS, PETER C.
6.4 CITY-ST-ZIP	74 VIRGINIA ROAD CONCORD, MA 01742

14. 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 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 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

Date

Daytime Phone #

CR2E034 (11/98)