

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 848134**

1. Entity Name  
**COMPUTAC, INC.**



Principal Place of Business

**162 MAIN STREET  
WEST LEBANON, NH 03784-1113**

Mailing Address

**162 MAIN STREET  
WEST LEBANON, NH 03784-1113**



02212008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0267842**

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.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301**

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000889930  
04/22/08-80074-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	BRADLEY, DAVID
STREET ADDRESS	162 MAIN ST
CITY - ST - ZIP	W LEBANON, NH
TITLE	PD
NAME	HOCHREITER, JOHN
STREET ADDRESS	162 MAIN ST
CITY - ST - ZIP	WEST LEBANON, NH
TITLE	TD
NAME	SHELDON, DAVID A.
STREET ADDRESS	HILLCREST ACRES
CITY - ST - ZIP	LEBANON, NH
TITLE	D
NAME	CUNNINGHAM, MARY
STREET ADDRESS	162 MAIN ST
CITY - ST - ZIP	W LEBANON, NH
TITLE	D
NAME	HOCHREITER, SHELLY
STREET ADDRESS	162 MAIN ST
CITY - ST - ZIP	W LEBANON, NH
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/14/08*

Daytime Phone #

William Steele & Assoc. P.C.  
40 Stark St., Manchester, NH 03101