2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000543

Name:

Address:

City-St-Zip:

FILED Apr 15, 2005 Secretary of State

Entity Na	me: FIRE PRO	DDUCTS GP HOLDING, INC.							
Current Principal Place of Business:				New Principal Place of Business:					
THREE HOLLAND WAY EXETER, NH 03833				SEVEN HOLLAND WAY EXETER, NH 03833					
Current Mailing Address:			Ne	New Mailing Address:					
P O BOX 8 PRINCETO	8749 ON, NJ 08543								
FEI Number	: 58-2473927	FEI Number Applied For()	FEI Numbe	r Not Appli	cable ()	Certifica	ate of Status De	sired ()	
Name and Address of Current Registered Agent:				ame and	Address o	f New Reg	jistered Ager	nt:	
1200 SOU	PORATION SYS ITH PINE ISLAN ION, FL 33324	ND ROAD							
	e named entity s e of Florida.	submits this statement for the p	ourpose of ch	nanging it	s registered	d office or r	egistered age	ent, or both,	
SIGNATUI	RE:								
	Electron	ic Signature of Registered Age	ent				Date		
Election Ca	mpaign Financing	Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	PD () MEAD, ROBER THREE HOLLAN EXETER, NH 0	ND WAY	Ad	le: me: dress: :y-St-Zip:	P MEAD, ROB SEVEN HOL EXETER, N	LAND WAY	() Addition		
Title: Name: Address: City-St-Zip:	S () STAFFORD, RY THREE HOLLAN EXETER, NH 0	ND WAY	Ad	le: me: dress: y-St-Zip:	S CHIA, DOUG SEVEN HOL EXETER, NH	LAND WAY	() Addition		
Title: Name: Address: City-St-Zip:	T () HUND-MEJEAN THREE HOLLAN EXETER, NH 0	ND WAY	Ad	le: me: dress: :y-St-Zip:	T HUND-MEJE SEVEN HOL EXETER, N		* *		
Title:	()	Delete	Titl	le:	D	() Change	(X) Addition		

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.

Name:

Address:

City-St-Zip:

DASILVA, KEVÍN G

EXETER, NH 03833

SEVEN HOLLAND WAY

SIGNATURE: ROBERT MEAD P 04/15/2005