

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90089 031 ***150.00

34033470



03232004 Chg-P CR2E034 (10/03)

4. FEI Number **01-0085930** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VSG	<input type="checkbox"/> Delete
NAME	DICKINSON, EMILY D	
STREET ADDRESS	145 PLEASANT HILL RD.	
CITY - ST - ZIP	SCARBOROUGH, ME 04074	
TITLE	P	<input type="checkbox"/> Delete
NAME	HODGE, RONALD C	
STREET ADDRESS	145 PLEASANT HILL RD	
CITY - ST - ZIP	SCARBOROUGH, ME	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	HOMA, WILLIAM L	
STREET ADDRESS	145 PLEASANT HILL RD	
CITY - ST - ZIP	SCARBOROUGH, ME 04074	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	CAMPBELL, BETH M	
STREET ADDRESS	145 PLEASANT HILL RD	
CITY - ST - ZIP	SCARBOROUGH, ME 04074	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALESHIRE, ARTHUR A	
STREET ADDRESS	145 PLEASANT HILL RD	
CITY - ST - ZIP	SCARBOROUGH, ME	
TITLE	V	<input type="checkbox"/> Delete
NAME	BOWNE IV, GARRETT D	
STREET ADDRESS	145 PLEASANT HILL RD	
CITY - ST - ZIP	SCARBOROUGH, ME	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SR.V.P., SECRETARY, Gen. Counsel	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	SVP + TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 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

3-25-04 207-883-2911
Date Daytime Phone #