2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F0100004459

1. Entity Name STAHLMAN ENGINEERING CORP.



FILED Mar 31, 2003 8:00 am Secretary of State

03-31-2003 90319 042 ***150.00

						1	INST					
Principal Place of Business 10 NORTH PLEASANT ST. NEW LONDON NH 03257		Mailing Address P.O. BOX 245 NEW LONDON NH 03257										
2. Principal Place of Business			3. Mailing Address					1 1081100 1111 DB181 11817 88111 DB1	i	ili billi bibl i i	LIKI 1011 1111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4.	4. FEI Number 02-0324385 Applied For Not Applicable				
Zip	Zip Country			Zip Countr			5.	. Certificate of Status Desired		8.75 Add	ditional	
6. Name and Address of Current F				legistered Agent				7. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY						Name						
1201 HAYS STREET				Street Address			ldress (P.O.	(P.O. Box Number is Not Acceptable)				
TALLAHASSEE FL 32301-2525												
IALLAHAS	DOEE FL DZ	001-2020										
						City			FL	Zip Cod	е	
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												
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								Election Campaign Fir Trust Fund Contribution	~ ~		00 May Be	
Make Check	Payable to	Florida Department of	State		indst i dila Contribation	. Ц	Audec	1101663				
10.		OFFICERS AND D	DIRECTO	RS	11.		Δ	ADDITIONS/CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE	CPS	LOOPERT		Delete	TITLE					☐ Change	☐ Addition	
NAME		i, robert l Pleasant St.			NAME				•			
STREET ADDRESS		ON NH 03257				ADDRESS						
CITY-ST-ZIP	V				CITY-S	SI-ZIP						
TITLE	STAHLMAN	I DREW R		☐ Delete	TITLE		D			☐ Change	X Addition	
NAME STREET ADDRESS	484 GLOVE				NAME	ADDRESS						
CITY-ST-ZIP	MARIETTA			·	CITY-S	- 1	-	بنس دينج	• .			
TITLE	DVT			☐ Delete	TITLE					☐ Change	Addition	
	PRIBULA, S	COTT		L. Delete	NAME					Change	L_I Addition	
STREET ADDRESS		PLEASANT STREET			STREET	ADDRESS						
CITY-ST-ZIP		ON NH 03257			CITY-S	ST-ZIP						
TITLE	DAS			☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	GILMAN, S				NAME						}	
STREET ADDRESS		PLEASANT STREET				ADDRESS						
CITY-ST-ZIP		ON NH 03257			CITY-S	T-ZIP						
TITLE	\$	•	•	Delete	TITLE		DV			☐ Change	X Addition	
NAME					NAME			stopher Ciocci			1	
STREET ADDRESS CITY - ST - ZIP					STREET CITY-S	ADDRESS		. Pleasant Str			}	
					-	1-ZIF	New_	London, NH 03				
TITLE NAME				☐ Delete	TITLE NAME					☐ Change	☐ Addition	
STREET ADDRESS						ADDRESS						
CITY-ST-ZIP					CITY-S							
12. I hereby d	ertify that the	information supplied with t	his filing	does not qualify for t	the exem	ntion state	d in Section	n 119.07(3)(i). Florida Statutes, I	further certi	v that the ir	oformation	

2. 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 BUILTED HAME OF COMING OFFICER OR DIRECTOR

ÆDJJFRÖBErt L. Stahlman, Pres.

3/28/03

Daytime Phone #

R2E034 (10/02