2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000004926

1. Entity Name
INTEGRIS INC.

Principal Place of Business	Mailing Address
300 CONCORD ROAD BILLERICA, MA 01821	300 CONCORD ROAD BILLERICA, MA 01821

DO NOT WRITE IN THIS SPACE

02182004 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3574101

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

U00000071989
03/01/04-80093-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	BURBANK, JONATHAN
STREET ADDRESS	300 CONCORD ROAD
CITY-ST-ZIP	BILLERICA, MA 01821
TITLE	D
NAME	PELLISSIER, GERVAIS
STREET ADDRESS	68, ROUTE DE VERSAILLES
CITY-ST-ZIP	LOUVECIENNES, FRANCE,
TITLE	T
NAME	BRADBURY, DAVID
STREET ADDRESS	300 CONCORD ROAD
CITY-ST-ZIP	BILLERICA, MA 01821
TITLE	D
NAME	LOYAU, CHRISTIAN
STREET ADDRESS	68 ROUTE DE VERSAILLES
CITY-ST-ZIP	LOUVECIENNES, FR 78434
TITLE	S
NAME	OGLE, KURT
STREET ADDRESS	300 CONCORD ROAD
CITY-ST-ZIP	BILLERICA, MA 01821
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 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: Kurt Ogle KURT OGLE 2/23/04 978 274 5748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #