

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000005549

1. Entity Name
INTEPROS, INC.



Principal Place of Business
204 SECOND AVE.
WALTHAM, MA 02451

Mailing Address
204 SECOND AVE.
WALTHAM, MA 02451

FILED
Aug 11, 2008 08:00 AM
Secretary of State



07072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2868942	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR
SUITE 4
WESTON, FL 33331

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PVD
NAME	KOVALCIK, JOHN R JR
STREET ADDRESS	204 SECOND AVE.
CITY-ST-ZIP	WALTHAM, MA 02451

TITLE	TSD
NAME	KOVALCIK, LOREN
STREET ADDRESS	204 SECOND AVE.
CITY-ST-ZIP	WALTHAM, MA 02451

TITLE	COO
NAME	ATHY, PAUL
STREET ADDRESS	57 WHISPERING LANE
CITY-ST-ZIP	HOLLISTON, MA 01746

TITLE	CFO
NAME	HINELEY, DANIEL
STREET ADDRESS	44 HIGH ST
CITY-ST-ZIP	LANCASTER, MA 01523

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/11/08-80003-019 150.00

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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

7/7/08

Date

781-487-7770

Daytime Phone #