2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004
Secretary of State

DOCUMENT# F02000002202

Entity Name: HOLYOKE EQUIPMENT CO., INC.

Current Principal Place of Business:

109 LYMAN STREET
HOLYOKE, MA 010410708

New Principal Place of Business:

Current Mailing Address:

PO BOX 708
HOLYOKE, MA 010410708

New Mailing Address:

FEI Number: 04-1448470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMBINED FORMS, INC.
CFI MARKETING
4554 ST. JOHNS AVE
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SLOTNICK, HAL M
Address: PO BOX 708
City-St-Zip: HOLYOKE, MA 010410708

Title: VP ( ) Delete
Name: CURTIS, PETER A
Address: 13 VALLEY VIEW DR
City-St-Zip: SOUTH HADLEY, MA 01075

Title: S ( ) Delete
Name: ROSSKOTHEN, LINDA C
Address: 41 SANSOUCI DR
City-St-Zip: SOUTH HADLEY, MA 01075

Title: T ( ) Delete
Name: CURTIS III, WILLIAM H
Address: 443 BARRY STREET
City-St-Zip: FEEDING HILLS, MA 01030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HAL M. SLOTNICK P 01/20/2004

Electronic Signature of Signing Officer or Director — Date