

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000003847 1. Entity Name NEORESINS INC.	
---	---

Principal Place of Business 730 MAIN STREET WILMINGTON, MA 01887	Mailing Address 730 MAIN STREET WILMINGTON, MA 01887
--	--



01162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3574982	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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**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 NAME STREET ADDRESS CITY-ST-ZIP	D ALSTERBERG, RICHARD 730 MAIN STREET WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TEECE, PAUL 730 MAIN STREET WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, LAMAR JR. 730 MAIN STREET WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLEN, KELLIE S 730 MAIN STREET WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ARMSTRONG, ELIZABETH A 730 MAIN STREET WILMINGTON, MA 01887
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KUREY, GREGORY S 1405 FOULK ROAD WILMINGTON, DE 19803

U00000041600
02/09/04-80094-025 150.00

**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: *Gregory S. Kurey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/04 302-417-8202
Date Daytime Phone #