

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003847

Entity Name: NEORESINS INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

730 MAIN STREET
WILMINGTON, MA 01887

New Principal Place of Business:

Current Mailing Address:

730 MAIN STREET
WILMINGTON, MA 01887

New Mailing Address:

FEI Number: 04-3574982

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D () Delete
Name: ALSTERBERG, RICHARD
Address: 730 MAIN STREET
City-St-Zip: WILMINGTON, MA 01887

Title: D () Delete
Name: TEECE, PAUL
Address: 730 MAIN STREET
City-St-Zip: WILMINGTON, MA 01887

Title: D () Delete
Name: EVANS, LAMAR JR.
Address: 730 MAIN STREET
City-St-Zip: WILMINGTON, MA 01887

Title: D () Delete
Name: PULLEN, KELLIE S
Address: 730 MAIN STREET
City-St-Zip: WILMINGTON, MA 01887

Title: PT () Delete
Name: ARMSTRONG, ELIZABETH A
Address: 730 MAIN STREET
City-St-Zip: WILMINGTON, MA 01887

Title: S () Delete
Name: KUREY, GREGORY S
Address: 1405 FOULK ROAD
City-St-Zip: WILMINGTON, DE 19803

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: D (X) Change () Addition
Name: MC NARRY, KELLIE S
Address: 730 MAIN STREET
City-St-Zip: WILMINGTON, MA 01887

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

Title: S (X) Change () Addition
Name: GASHKOFF, GERI A
Address: 1122 ST. CHARLES STREET
City-St-Zip: ELGIN, IL 60120

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: GERI GASHKOFF

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date