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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Integrated Contra	net Design, Inc.			
SUBJECT.		- must include suffix		-
Dear Sir or Madam:				
The enclosed "Application by For "Certificate of Existence," or "Ce above referenced foreign corpora	rtificate of Good Star	ding" and check are subm	t Business in Florida," nitted to register the	
Please return all correspondence	concerning this matter	to the following:		
Nancy Lohrer				
	Name of	Person		-
Integrated Contract Design, Inc.				
	Firm/Com	pany		-
800 NE Stokes Terrace				
	Addre	ess		-
Jensen Beach, Florida 34957				
<u> </u>	City/State a	nd Zip code		-
nlohrer@icdinc.com				_ •
E-mail	address: (to be used f	or future annual report no	otification)	7019
For further information concerning	g this matter, please o	all:	;	019 AUG 27
Nancy Lohrer	at (978	\ 609-4220		
Name of Person	Area Cod	e Daytime Teleph	one Number	PH to
			;=	8
STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301		MAILING AD Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations	
Enclosed is a check for the follow	ring amount:			
	75 Filing Fee & ificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certificate of Status Certified Copy	&

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Integrated Contr	act Design, Inc.		
	orporation: must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"	
(If name unavail	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Florid	la)
2. Massachusetts	3.	04-3044772	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	
4. February 16, 19	89 5.	N/A	
(Date	of incorporation)	(Date of duration, if other than perpetual)	
6. Payroll within the	ne last 12 months identifying each owner and	each full-time employee - W2s, Payroll Summary/Repor	ı
	(Date first transacted business i	n Florida, if prior to registration)	
	(SEE SECTIONS 607.1501 & 607.1	502, F.S., to determine penalty liability)	
7,800 NE Stokes To	errace, Jensen Beach, Florida 34957		
	(Princi	pal office address)	
800 NE Stokes T	errace, Jensen Beach, Florida 34957		
	(Current maili	ng address. if different)	
8. Name and street	et address of Florida registered agent: (P.	O. Box NOT acceptable)	
Name:	Nancy Lohrer		20
			F 2019 AUS
Office Address:	800 NE Stokes Terrace		
	Jensen Beach	, Florida 34957	27
	(City)	(Zip code)	<u> </u>
0 D : 4 1			_ <u>~~</u>

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman; Vice Chairman: ___ Address: Director: Nancy Lohrer Address: 800 NE Stokes Terrace Jensen Beach, Florida 34957 Director: _____ **B. OFFICERS** President: Nancy Lohrer Address: 800 NE Stokes Terrace Jensen Beach, Florida 34957 Vice President: Address: _____ Secretary: Nancy Lohrer

Address: 800 NE Stokes Terrace, Jensen Beach, Florida 34957

Treasurer: Nancy Lohrer

Address: 800 NE Stokes Terrace, Jensen Beach, Florida 34957

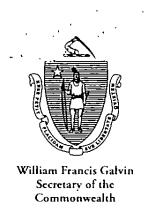
NOTE: If necessary, you may a ach an addendum to the application listing additional officers and/or directors.

12. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

(Typed or printed name and capacity of person signing application)

13. Nancy Lohrer, President



The Commonwealth of Massachusetts Secretary of the Commonwealth State House, Boston, Massachusetts 02133

August 12, 2019

TO WHOM IT MAY CONCERN:

I hereby certify that according to records in this office,

INTEGRATED CONTRACT DESIGN, INC.

was incorporated under the General Laws of this Commonwealth on February 16, 1989.

I also certify that so far as appears of record here, said corporation still has legal existence.

I further certify that in an Annual Report filed here for Fiscal Year 2018, the Officers and Directors of said corporation are listed as follows:

SEE ATTACHED



In testimony of which.

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

William Travino Galecin

Processed By:IL



The Commonwealth of Massachusetts William Francis Galvin

Secretary of the Commonwealth, Corporations Division
One Ashburton Place, 17th floor
Boston, MA 02108-1512
Telephone: (617) 727-9640

A TRUE COPY ATTEST

WILLIAM FRANCIS GALVIN
SECRETARY OF THE COMMONWEAUTH
DATE 3-13-1 CLERK

Annual Report

(General Laws, Chapter 156D, Section 16.22; 950 CMR 113.57)

Identification Number: 043044772

1. Exact name of the corporation: INTEGRATED CONTRACT DESIGN, INC.

2. Jurisdiction of Incorporation: State: MA Country:

3,4. Street address of the corporation registered office in the commonwealth and the name of the registered agent at that office:

Name:

NANCY LOHRER

No. and Street:

191 MIDDLE ROAD

City or Town:

BYFIELD

State: MA

Zip: <u>01922</u>

Country: USA

5. Street address of the corporation's principal office:

No. and Street:

191 MIDDLE ROAD

City or Town:

BYFIELD

State: MA

Zip: 01922

Country: USA

6. Provide the name and addresses of the corporation's board of directors and its president, treasurer, secretary, and if different, its chief executive officer and chief financial officer.

Title	Individual Name First, Middle, Last, Suffix	Address (no PO Bax) Address, City or Town, State, Zip Code
PRESIDENT	NANCY LOHRER	191 MIDDLE ROAD BYFIELD, MA 01922 USA
PRESIDENT	NANCY LOHRER	191 MIDDLE ROAD BYFIELD, MA 01922 USA
PRESIDENT	NANCY LOHRER	191 MIDDLE ROAD BYFIELD, MA 01922 USA
TREASURER	NANCY LOHRER	191 MIDDLE ROAD BYFIELD, MA 01922 USA
SECRETARY	NANCY LOHRER	191 MIDDLE ROAD BYFIELD, MA 01922 USA
DIRECTOR	NANCY LOHRER	191 MIDDLE ROAD BYFIELD, MA 01922 USA

7. Briefly describe the business of the corporation:

PUBLIC SCHOOL DESIGN

8. Capital stock of each class and series:

	Par Value Per Share	Total Authorized by Articles	Total Issued
Class of Stock	Enter 0 if no Par	of Organization or Amendments	and Outstanding

CNP \$0.00000 15,000 \$0.00 5,000 CNP \$0.00000 15,000 \$0.00 \$0			Num of Shares	Total Par Value	Num of Shares
0. Report is filed for fiscal year ending: 12/31/ 2018 Signed by NANCY LOHRER, its PRESIDENT	CNP	\$0.00000	15,000	\$0.00	5,000
0. Report is filed for fiscal year ending: 12/31/2018 Signed by NANCY LOHRER, its PRESIDENT	CNP	\$0.0000	15,000	\$0.00	5,000
	Signed by NANCY L	OHRER, its PRES			

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