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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

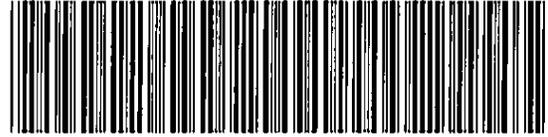
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTHEAST DOCUMENT CONSERVATION CENTER, INC.  
Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

WILLIAM P. VEILLETTE  
Name of Person

NORTHEAST DOCUMENT CONSERVATION CENTER  
Firm/Company

100 BRICKSTONE SQ  
Address

STE 401  
Address

ANDOVER, MA 01810  
City/State and Zip Code

BVEILLETTE@NEDCC.ORG  
E-mail address: (to be used for future annual report notification)

2009 FEB 16 PM 3:15

For further information concerning this matter, please call:

BILL VEILLETTE at ( 978 ) 470-1010  
Name of Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. NORTHEAST DOCUMENT CONSERVATION CENTER, INC.  
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. MASSACHUSETTS 3. 23-7349330  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 9/23/1980 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. \_\_\_\_\_  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 100 BRICKSTONE SQUARE, SUITE 401, ANDOVER, MA 01810  
(Principal office street address)

(Current mailing address, if different)

8. PROVIDE CONSERVATION/PRESERVATION SERVICES FOR LIBRARY AND ARCHIVAL COLLECTIONS.  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: InCorp Services, Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(City) (Zip Code)

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10. **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.*

 Karen Gibson on behalf of InCorp Services, Inc.  
(Registered agent's signature)

11. 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.

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Michael Comeau  
 Vice Chairman Address: NEDCC  
 Director 100 Brickstone Sq  
 President Andover, MA 01810  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Jane Hedberg  
 Vice Chairman Address: NEDCC  
 Director 100 Brickstone Sq  
 President Andover, MA 01810  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Brenda Lawson  
 Vice Chairman Address: NEDCC  
 Director 100 Brickstone Sq  
 President Andover, MA 01810  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

Chairman Name: Jim Darr  
 Vice Chairman Address: NEDCC  
 Director 100 Brickstone Sq  
 President Andover, MA 01810  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

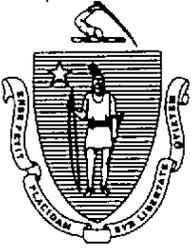
Chairman Name: William Veillette  
 Vice Chairman Address: NEDCC  
 Director 100 Brickstone Sq  
 President Andover, MA 01810  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: Executive Director  Other: \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary \_\_\_\_\_  Treasurer \_\_\_\_\_  
 Other: \_\_\_\_\_  Other: \_\_\_\_\_

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. William Veillette  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. William Veillette, Executive Director  
(Typed or printed name and capacity of person signing application)



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

William Francis Galvin  
Secretary of the  
Commonwealth

Date: February 03, 2020

To Whom It May Concern :

I hereby certify that

**NORTHEAST DOCUMENT CONSERVATION CENTER, INC.**

appears by the records of this office to have been incorporated under the General Laws of this  
Commonwealth on **September 23, 1980** (Chapter 180).

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

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In testimony of which,  
I have hereunto affixed the  
Great Seal of the Commonwealth  
on the date first above written.

Secretary of the Commonwealth

Certificate Number: 20020042770

Verify this Certificate at: <http://corp.sec.state.ma.us/CorpWeb/Certificates/Verify.aspx>

Processed by: