

F2000006843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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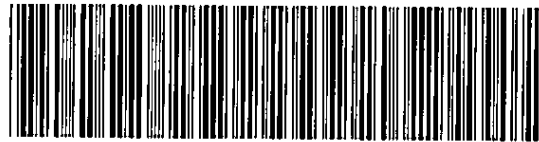
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DATE: 12/1/21

NAME: TECH-ETCH, INC.

TYPE OF FILING: APPLICATION

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

aHodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tech-Etch, Inc.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Kevin Feeney

Name of Person

Tech-Etch, Inc.

Firm/Company

45 Aldrin Road

Address

Plymouth, Massachusetts 02360

City/State and Zip code

kfeeney@techetch.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaclyn M. Gogolen

at (603) 695-8627

Name of Person

Area Code

Daytime Telephone Number

Email: jgogolen@devinemillimet.com

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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 & ☐ \$78.75 Filing Fee & ☐ \$87.50 Filing Fee.


**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. Tech-Etch, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Massachusetts 3. 04-2324804
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 08/21/1964 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 45 Aldrin Road, Plymouth, Massachusetts 02360
(Principal office street address)
- _____
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
- Name: Registered Agent Solutions, Inc.
- Office Address: 155 Office Plaza Drive, Suite A
- Tallahassee, Florida 32301
(City) (Zip code)

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.

A. DIRECTORS

☐ Chairman Name: Richard A. Cammarano
☐ Vice Chairman Address: 207 Whitney Street
☒ Director Northborough, MA 05132
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Brian Roberts
☐ Vice Chairman Address: 5 Dexter Street
☐ Director Newburyport, MA 01950
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

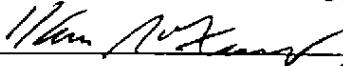
☐ Chairman Name: Roy B. Whittaker
☐ Vice Chairman Address: 709 Sokokis Avenue
☒ Director Limington, ME 04049
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Kevin J. Feeney
☐ Vice Chairman Address: 72 Ellisville Road
☐ Director Plymouth, MA 03260
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assistant Treasurer ☐ Other _____

☒ Chairman Name: Jennifer Bleakney
☐ Vice Chairman Address: 216 21st Street
☒ Director Manhattan Beach, CA 90266
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael T. Rizzo
☐ Vice Chairman Address: 13 Abington Drive
☒ Director Londonderry, NH 03053
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

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.

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.

13. Kevin J. Feeney, Assistant Treasurer
(Typed or printed name and capacity of person signing application)

ATTACHMENT: ADDITIONAL DIRECTORS

☐ Chairman Name: Kimberly Park
☐ Vice Chairman Address: 11 Brooks Bend Drive
☒ Director New Hope, PA 18938
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael F. Foley
☐ Vice Chairman Address: 9 Cortez Drive
☒ Director Nashua, NH 03062
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Robert Masson
☐ Vice Chairman Address: 12 Purling Brooks Drive
☒ Director Hanover, NH 03755
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____



William Francis Galvin
Secretary of the
Commonwealth

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

Date: September 21, 2021

To Whom It May Concern :

I hereby certify that according to the records of this office,

TECH-ETCH, INC.

is a domestic corporation organized on **August 21, 1964** , under the General Laws of the Commonwealth of Massachusetts. I further certify that there are no proceedings presently pending under the Massachusetts General Laws Chapter 156D section 14.21 for said corporation's dissolution; that articles of dissolution have not been filed by said corporation; that, said corporation has filed all annual reports, and paid all fees with respect to such reports, and so far as appears of record said corporation has legal existence and is in good standing with this office.



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

William Francis Galvin

Secretary of the Commonwealth

Certificate Number: 21090452720

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

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