

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

05 MAR 21 PM 3:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F9200000108 (2)**

1. Corporation Name

**NEW HAMPSHIRE STRUCTURES UNLIMITED, INC.**

Principal Place of Business

P.O. BOX 4105  
MANCHESTER NH 03108

Mailing Address

P.O. BOX 4105  
MANCHESTER NH 03108

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **11/04/1992** 3a. Date of Last Report **04/19/1994**

4. FEI Number **02-0275498** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business		2a. Mailing Address	
21		26	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
22		27	
23. City & State		28. City & State	
23		28	
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC  
1201 HAYES ST  
SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

61. Name	
62. Street Address (P.O. Box Number is Not Acceptable)	
63.	
64. City	FL
65. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of Section 607.0502, Florida Statutes.

SIGNATURE

*[Signature]*

3/8/95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	KELLER, ROBERT R JR
STREET ADDRESS	ROCKY POINT ROAD
CITY-ST-ZIP	CONCORD NH 03301
TITLE	V
NAME	SEEKAMP, FRED JR
STREET ADDRESS	BOG ROAD
CITY-ST-ZIP	PENACOOK NJ 03301
TITLE	ST
NAME	SEVERANCE, RICHARD N
STREET ADDRESS	105 OAK HILL AVE.
CITY-ST-ZIP	MANCHESTER NH 03104
TITLE	CD
NAME	KELLER, ROBERT R
STREET ADDRESS	10 HERITAGE ROAD
CITY-ST-ZIP	BEDFORD NH 03102
TITLE	D
NAME	KELLER, RICHARD R
STREET ADDRESS	STRAWBERRY HILL ROAD
CITY-ST-ZIP	BEDFORD NH 03102
TITLE	D
NAME	KELLER, BRUCE M
STREET ADDRESS	150 MILFORD STREET
CITY-ST-ZIP	MANCHESTER NH 03102

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

Signature and typed or printed name of signing officer or director

Richard Severance, Treasurer

3/8/95 603  
627-7887

Date Daytime (Toll-free)