

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # F92000000108 (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

3. Date Incorporated or Qualified: **11/04/1992**  
3a. Date of Last Report: **03/21/1995**  
4. FEI Number: **02-0275498**  
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: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

**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**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

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. Such 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 607.0505, Florida Statutes.

SIGNATURE

Signature is typed or printed name of registered agent and lists if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLER, ROBERT R JR	
STREET ADDRESS	ROCKY POINT ROAD	
CITY-ST-ZIP	CONCORD NH 03301	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SEEKAMP, FRED JR	
STREET ADDRESS	BOG ROAD	
CITY-ST-ZIP	PENACOOK NJ 03301	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	SEVERANCE, RICHARD N	
STREET ADDRESS	105 OAK HILL AVE.	
CITY-ST-ZIP	MANCHESTER NH 03104	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KELLER, ROBERT R	
STREET ADDRESS	10 HERITAGE ROAD	
CITY-ST-ZIP	BEDFORD NH 03102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLER, RICHARD R	
STREET ADDRESS	STRAWBERRY HILL ROAD	
CITY-ST-ZIP	BEDFORD NH 03102	
TITLE	D	<input type="checkbox"/> DELETE
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 119.07(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

Date: **4/15/96**  
Daytime Phone #: **603-627-7887**

CR2E034 (12/95)