

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 25 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # F92000000108 (2)**  
 1. Corporation Name  
**NEW HAMPSHIRE STRUCTURES UNLIMITED, INC.**

Principal Place of Business <b>P.O. BOX 4105 MANCHESTER NH 03106</b>	Mailing Address <b>P.O. BOX 4105 MANCHESTER NH 03106</b>
---	---



DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
Suite, Apt. #, etc	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>11/04/1992</b>	Applied For Not Applicable
<b>4.</b> FEI Number <b>02-0275498</b>	
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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 **FL** **85** 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. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a address.

SIGNATURE: *[Signature]* 3/16/98 603 627-7887

CR2E034 (10/97)