

2002 UNIFORM BUSINESS REPORT (UBR)

7/1

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-10-2002 90181 011 ***550.00

DOCUMENT # F93000004845

1. Entity Name
KENDA SYSTEMS, INC.

Principal Place of Business

~~ONE STREET RD~~
SALEM NH 03079

Mailing Address

~~ONE STREET RD~~
SALEM NH 03079

2. Principal Place of Business

13A Red Roof Lane

Suite, Apt. #, etc.

City & State

Salem NH

Zip

03079

Country

USA

3. Mailing Address

PO Box 30

Suite, Apt. #, etc.

City & State

Salem NH

Zip

03079

Country

USA

4. FEI Number

02-0382633

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND RD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Mary Beth Doffer* **MARY BETH DOFFER - CONTROLLER 6-21-02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: **CPS**
 NAME: **KENDA, STEPHEN K**
 STREET ADDRESS: **ONE STREET RD 13A RED ROOF LANE**
 CITY-ST-ZIP: **SALEM NH**

TITLE: **VPF**
 NAME: **CHIPMAN, RICK**
 STREET ADDRESS: **ONE STREET ROAD SUITE 100**
 CITY-ST-ZIP: **SALEM NH 03079**

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary Beth Doffer* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-02 (603) 898-7884

Date

Daytime Phone #

CR2E034 (9/01)