

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90159 024 ***150.00

DOCUMENT # F93000005169

1. Corporation Name

OCSAP LTD. COMPANY

Principal Place of Business

RAILROAD AVE.
DEXTER ME 04930

Mailing Address

RAILROAD AVE.
DEXTER ME 04930

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1993

4. FEI Number

01-0484469

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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

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 PTD ☐ DELETE

NAME LUNDER, PETER
STREET ADDRESS 75 MAYFLOWER HILL DR.
CITY-ST-ZIP WATERVILLE ME 04901

TITLE TD ☐ DELETE

NAME ALFOND, HAROLD
STREET ADDRESS TWO N. BREAKERS ROW
CITY-ST-ZIP PALM BEACH FL 33480

TITLE VD ☐ DELETE

NAME ALFOND, THEODORE
STREET ADDRESS ONE CHESTNUT ST.
CITY-ST-ZIP WESTON MA 02193

TITLE SD ☐ DELETE

NAME LAUZE, LAURIER
STREET ADDRESS RFD #2, SWAIN HILL ROAD
CITY-ST-ZIP SKOWHEGAN ME

TITLE VAS ☒ DELETE

NAME CUTTER, EDWARD J
STREET ADDRESS 8 STONE RIDGE DR.
CITY-ST-ZIP WATERVILLE ME 04901

TITLE D ☐ DELETE

NAME BUFFETT, WARREN E
STREET ADDRESS 5505 FARNAM ST.
CITY-ST-ZIP OMAHA NE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME JOHN B. EMORY
5.3 STREET ADDRESS DEERFIELD ROAD
5.4 CITY-ST-ZIP DEXTER, ME 04930

6.1 TITLE ☐ Change ☐ 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)(l), 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, with all other like empowered.

SIGNATURE: Peter Lunder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99

Date

Daytime Phone #

CR2E034 (11/98)