


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90144 050 ***150.00

DOCUMENT # F95000002947	
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1. Entity Name

ANDOVER CONTROLS CORPORATION

Principal Place of Business

300 BRICKSTONE SQUARE
ANDOVER MA 01810

Mailing Address

300 BRICKSTONE SQUARE
ANDOVER MA 01810

2. Principal Place of Business

ONE HIGH STREET

Suite, Apt. #, etc.

3. Mailing Address

ONE HIGH STREET

Suite, Apt. #, etc.

City & State

NORTH ANDOVER, MASS

City & State

NORTH ANDOVER, MASS

Zip

01845

Country

USA

Zip

01845

Country

USA

4. FEI Number

06-1274463

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LAPORTE, WILLIAM J	
STREET ADDRESS	15 WRIGHT RD	
CITY-ST-ZIP	HOLLIS NH 03049	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	ZINKIN, PETER	
STREET ADDRESS	2 ARMITAGE RD	
CITY-ST-ZIP	LONDON UK NW 11 8RA	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TEMPLER, JEFFREYZ	
STREET ADDRESS	1691 COMMONWEALTH AVE	
CITY-ST-ZIP	W NEWTON MA	
TITLE	AS	<input type="checkbox"/> Delete
NAME	SHARP, DAVID	
STREET ADDRESS	71 WINTERGREEN DR N	
CITY-ST-ZIP	ANDOVER MA 01845	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNE FRANK	
STREET ADDRESS	ONE HIGH STREET	
CITY-ST-ZIP	NORTH ANDOVER, MASS. 01845	
TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAYNE LAMBERT	
STREET ADDRESS	ONE HIGH STREET	
CITY-ST-ZIP	NORTH ANDOVER, MASS 01845	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID SHARP	
STREET ADDRESS	71 WINTERGREEN DRIVE	
CITY-ST-ZIP	NORTH ANDOVER, MASS 01845	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] CFO & Secretary 4/27/05 978-975-9656