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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F96000002182 (1)**

1. Corporation Name
SIAA, INC.

Principal Place of Business
69A ISLAND STREET
KEENE NH 03431

Mailing Address
69A ISLAND STREET
KEENE NH 03431-3529

3. Date Incorporated or Qualified: **05/01/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 POBox 2041, 69A ISLAND ST
Suite, Apt. #, etc.
22
City & State
23
Zip 24 | County 25

2a. Mailing Address
26 POBox 2041, 69A ISLAND ST.
Suite, Apt. #, etc.
27
City & State
28
Zip 29 | Country 30

4. FEI Number: **02-0466476** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 607.1608, 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's signature required when name changing) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEO	☐ DELETE	1.1 TITLE	T	☐ Change ☒ Addition
NAME	MASIELLO, JAMES		1.2 NAME	Christopher J. Masiello	
STREET ADDRESS	69A ISLAND STREET		1.3 STREET ADDRESS	69 A ISLAND ST	
CITY-ST-ZIP	KEENE NH		1.4 CITY-ST-ZIP	Keene, NH 03431	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PAPPAJOHN, NICHOLAS		2.2 NAME		
STREET ADDRESS	69A ISLAND STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, RONALD		3.2 NAME		
STREET ADDRESS	69A ISLAND STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		3.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MASIELLO, JAMES		4.2 NAME		
STREET ADDRESS	69A ISLAND STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GOODNOW, JOHN		5.2 NAME		
STREET ADDRESS	45 ROXBURY STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MASIELLO, CHRISTOPHER		6.2 NAME		
STREET ADDRESS	69A ISLAND STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	KEENE NH		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I declare that I have examined 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 an address.

SIGNATURE: Christopher J. Masiello 3/10/97 603-~~385~~ 358-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466476