

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  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90159 019 \*\*\*150.00

DOCUMENT # F96000003348

1. Corporation Name

SCHAFFER CORPORATION

Principal Place of Business

321 BILLERICA ROAD  
CHELMSFORD MA 01824-4191  
US

Mailing Address

321 BILLERICA ROAD  
CHELMSFORD MA 01824-4191  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

04-2505947

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

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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	P	<input type="checkbox"/> DELETE
NAME	HABER, STUART S	
STREET ADDRESS	16 LONGMEADOW RD	
CITY-ST-ZIP	LINCOLN MA 01773	
TITLE	EVP	<input type="checkbox"/> DELETE
NAME	GERRY, EDWARD T	
STREET ADDRESS	1549M N 22ND ST	
CITY-ST-ZIP	ARLINGTON VA 22209	
TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	KELLNER, JOHN E	
STREET ADDRESS	1 BOBOLINK RD	
CITY-ST-ZIP	WESTFOR MA 01886	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DYER, RICHARD W	
STREET ADDRESS	4224G JEFFERSON OAK CIRCLE	
CITY-ST-ZIP	FAIRFAX VA 22033	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARCIA, JOHN C	
STREET ADDRESS	6222 RIME VILLAGE DR., #1	
CITY-ST-ZIP	HUNTSVILLE AL 35806	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	GERRY, EDWARD T	
STREET ADDRESS	1549M N. 22ND ST.	
CITY-ST-ZIP	ARLINGTON VA 22209	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VC
6.3 STREET ADDRESS	Rettig P. Benedict
6.4 CITY-ST-ZIP	38 Live Oak Loop NE Albuquerque, NM 87122

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 an address, with all other like empowered.

SIGNATURE:

*John E. Kellner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

978-256-2070

Daytime Phone #

CR2E034 (11/98)

000050