

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90044 024 ***150.00

0571546 AT

DOCUMENT # F96000003348

1. Entity Name

SCHAFER CORPORATION

Principal Place of Business

321 BILLERICA ROAD
 CHELMSFORD MA 01824-4191
 US

Mailing Address

321 BILLERICA ROAD
 CHELMSFORD MA 01824-4191
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-2505947

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
 NAME MONSLER, MICHAEL
 STREET ADDRESS 26 PESCADERO CT.
 CITY-ST-ZIP DANVILLE CA 94526

TITLE D ☐ Change ☒ Addition
 NAME Culbertson, Charles N.
 STREET ADDRESS 7175 Swift Run Trails Drive
 CITY-ST-ZIP Fairfax Station, VA 22039

TITLE V ☐ Delete
 NAME BUCKLEY, PATRICIA
 STREET ADDRESS 5 RIVERVIEW DR
 CITY-ST-ZIP NEWBURYPORT MA 01950

TITLE V ☒ Change ☐ Addition
 NAME Buckley, Patricia
 STREET ADDRESS 96 Country Club Way
 CITY-ST-ZIP Ipswich, MA 01938

TITLE CFOT ☐ Delete
 NAME KELLNER, JOHN E
 STREET ADDRESS 1 BOBOLINK RD
 CITY-ST-ZIP WESTFOR MA 01886

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

TITLE V ☐ Delete
 NAME DYER, RICHARD W
 STREET ADDRESS 2919 OAKBURY CT.
 CITY-ST-ZIP OAKTON VA 22124

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

TITLE P ☐ Delete
 NAME GARCIA, JOHN C
 STREET ADDRESS 4104 N. 21ST RD.
 CITY-ST-ZIP ARLINGTON VA 22207


TITLE P ☒ Change ☐ Addition
 NAME Garcia, John C
 STREET ADDRESS 4307 N. 24th Road
 CITY-ST-ZIP Arlington, VA 22207

TITLE VC ☐ Delete
 NAME BENEDICT, RETTIG P
 STREET ADDRESS 38 LIVE OAK LOOP NE
 CITY-ST-ZIP ALBUQUERQUE NM 87122

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:



John E. Kellner

3/26/02

978-256-2070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)