

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000001408

FILED
Sep 08, 2004
Secretary of State

Entity Name: SAGER SALES CORPORATION

Current Principal Place of Business:

97 LIBBEY INDUSTRIAL PARKWAY
WEYMOUTH, MA 02189

New Principal Place of Business:

Current Mailing Address:

97 LIBBEY INDUSTRIAL PARKWAY
WEYMOUTH, MA 02189

New Mailing Address:

FEI Number: 04-3343151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORTON III, RAYMOND P
Address: 382 FALMOUTH WOOD RD
City-St-Zip: EAST FALMOUTH, MA 02536

Title: S () Delete
Name: DROHAN, DAVID
Address: 6 KING PHILLIP PATH
City-St-Zip: HINGHAM, MA 02046

Title: TP () Delete
Name: FLYNN, FRANCIS J
Address: 73 FARRAR FARM RD
City-St-Zip: NORWELL, MA 02061

Title: D () Delete
Name: NORTON, JONATHAN E
Address: 27 BEL AIR RD
City-St-Zip: HINGHAM, MA 02043

Title: D () Delete
Name: METTERS, JOHN
Address: 123 MORE RD
City-St-Zip: WEYMOUTH, MA 02189

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCIS J FLYNN

TP

09/08/2004

Electronic Signature of Signing Officer or Director

_____ Date