

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005968

1. Entity Name

ARGUSS COMMUNICATIONS GROUP, INC.

Principal Place of Business

2101 DOVER RD.
EPSOM NH 03234

Mailing Address

2101 DOVER RD.
EPSOM NH 03234

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 459

Suite, Apt. #, etc.

City & State

Epsom, NH

Zip

03234

Country

USA

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.

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, 2000 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

TITLE ☐ Delete
NAME C
STREET ADDRESS NOLIN, DENNIS
CITY-ST-ZIP RT. 4
EPSOM NH 03234

TITLE ☐ Delete
NAME C
STREET ADDRESS POULIOTTE, DAVID
CITY-ST-ZIP RT. 4
EPSOM NH 03234

TITLE ☒ Delete
NAME AS
STREET ADDRESS WATERS, EDMUND J
CITY-ST-ZIP RT. 4 DOVER RD.
EPSOM NH 03234

TITLE ☐ Delete
NAME T
STREET ADDRESS LEUPO, RICHARD
CITY-ST-ZIP RT 4 DOVER RD
EPSOM NY 03234

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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)(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 11 or Block 12 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

CFO & ASST. SEC.

Date

1/9/00

Daytime Phone #

603 736-8087

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90068 043 ***150.00

904158



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)