2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9800007022 1. Entity Name ALPINE INDUSTRIAL INCORPORATED			FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90133 003 ***158.75	
Principal Place of Business 11838 62ND STREET NORTH LARGO FL 33773 US	Mailing Address P. O. BOX 270 OXFORD MA 01540	THE REAL PROPERTY AND A DECEMBER OF A DECEMBER		
2. Principal Place of Business	3. Mailing Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES
City & State	- City & State		4. FEI Number 04-3348727	Applied For
Zip Country	Zip	Country	5 Certificate of Status Desired	Not Applicable
6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered /	Fee Required
Peterson, ernest r 11838 62nd street North Largo FL 33773	•	Name Ri Street Address 1183E City Lac	CK L. Peterson (P.O. Box Number is Not Acceptable) 3 62 ng Street North CGO FL	Zip Code
Signature, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department	D	DTE: Registered Agent signature require	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10. OFFICERS ANI TITLE PD O'CONNOR, THOMAS STREET ADDATESS 189 OXFORD RD DUDLEY MA 01571	D DIRECTORS	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
INTLE CEOD VAME GLODE, JOHN STREET ADDRESS 20 HOWLAND LANE EAST SANDWICH MA 02537	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
INTLE D HAME PARENT, MARK STREET ADDRESS 23 ALYSSUM DR AMHERST MA 01002	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
ITLE S IAME GRAHAM, STEVE ITREET ADDRESS 289 GREAT RD ACTON MA 01720		TITLE NAME STREET ADDRESS		Change Addition
ITLE T JOHNSON, PAMELA ITREET ADDRESS 5 THAYER POND DR #5 NORTH OXFORD MA 01537	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
ITLE IAME TREET ADDRESS ITY- ST- ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
 I hereby certify that the information supplied will indicated on this report or supplemental report of the corporation or the receiver or trustee emp changed, or on an attachment with an address, 	is true and accurate and that r powered to execute this report	my signature shall have the t as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further cert same legal effect as if made under oath; that I a 7, Florida Statutes; and that my name appears in	m an officiar or director