

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000004925

Entity Name: NEW CHAPTER, INC.

FILED
Apr 20, 2004
Secretary of State

Current Principal Place of Business:

22 HIGH ST, 4TH FLOOR
BRATTLEBORO, VT 05302

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1947
BRATTLEBORO, VT 05302

New Mailing Address:

FEI Number: 03-0301418

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, ALAN
Address: 325 HIGHWAY RD
City-St-Zip: DEFIANCE, MO 63341

Title: DP () Delete
Name: NEWMARK, THOMAS M
Address: 36 COLONIAL HILLS DR
City-St-Zip: SAINT LOUIS, MO 63141

Title: VD () Delete
Name: LEWIS, HERB
Address: 47 HALLIWELL DR.
City-St-Zip: STAMFORD, CT 06902

Title: STD () Delete
Name: AUSTIN, RUTH
Address: RR 1 BOX BOX 291
City-St-Zip: PUTNEY, VT 05346

Title: D () Delete
Name: MEDVE, JAKOB
Address: 8251 MARYLAND AVE.
City-St-Zip: ST. LOUIS, MO 63105

Title: D () Delete
Name: JOHNSON, ALAN
Address: 7733 FORSYTH BLVD.
City-St-Zip: ST. LOUIS, MO 63105

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: NEWMARK, THOMAS M
Address: 36 COLONIAL HILLS DR
City-St-Zip: SAINT LOUIS, MO 63141

Title: V (X) Change () Addition
Name: LEWIS, HERB
Address: 47 HALLIWELL DR.
City-St-Zip: STAMFORD, CT 06902

Title: ST (X) Change () Addition
Name: AUSTIN, RUTH
Address: RR 1 BOX BOX 291
City-St-Zip: PUTNEY, VT 05346

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: RUTH AUSTIN

ST

04/20/2004

Electronic Signature of Signing Officer or Director

Date

DAVID ABRAHAMSON, D
112 N. BEMISTON
DEFIANCE, MO 63105

DR. RICHARD SARNAT, D
2926 WILMETTE AVE
WILMETTE, IL 60091