


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # M69205
 1. Entity Name
SPALDING OFFICE SYSTEMS, INC.



| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 887-F MAIN STREET MONROE, CT 06468 US | Mailing Address 887-F MAIN STREET MONROE, CT 06468 US |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



02212004 No Chg-P CR2E034 (10/03)

| | | |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------------|
| 4. FEI Number 65-0045200 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | |

6. Name and Address of Current Registered Agent
 DENICOLA, ROGER
 2473 NW 9TH STREET
 DELRAY BEACH, FL 33445

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Roger Denicola* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

000000071324
 03/01/04-80066-016 158.75

10. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|----------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S WILLIMAN, PETER C. 186 CHERRY ST. KATONAH, NY |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P WILLMAN, ANDREA L 186 CHERRY ST. KATONAH, NY |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Peter C. Williman* DATE: *2/24/04* DAYTIME PHONE #: *203-459-0007*