

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 21, 2006 8:00 am
Secretary of State

07-21-2006 90024 018 ***150.00

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**

50022833



07062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0045200

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DENICOLA, ROGER
2473 NW 9TH STREET
DELRAY BEACH, FL 33445**

**DO NOT WRITE
IN THIS SPACE**

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 *x Roger Denicola*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/06
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

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

10. OFFICERS AND DIRECTORS

TITLE **S**
NAME **WILLIMAN, PETER C.**
STREET ADDRESS **186 CHERRY ST.**
CITY-ST-ZIP **KATONAH, NY**

TITLE **P**
NAME **WILLMAN, ANDREA L**
STREET ADDRESS **186 CHERRY ST.**
CITY-ST-ZIP **KATONAH, NY**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 information.

SIGNATURE:

x Peter C. Willman
x Andrea L. Willman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER C. WILLMAN 5/16 203-459-0007
ANDREA L. WILLMAN " "

Date

Daytime Phone #