


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0144890 AB

<b>DOCUMENT # M69205</b> 1. Entity Name <b>SPALDING OFFICE SYSTEMS, INC.</b>	
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FILED

03 JUL -9 AM 8:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>887-F MAIN STREET MONROE CT 06468 US</b>	Mailing Address <b>887-F MAIN STREET MONROE CT 06468 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

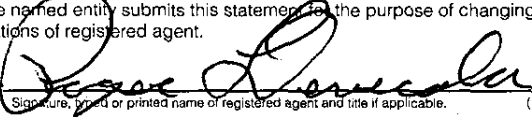
City & State	City & State	4. FEI Number <b>65-0045200</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  <b>DENICOLA, ROGER 2473 NW 9TH STREET DELRAY BEACH FL 33445</b>
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<b>7. Name and Address of New Registered Agent</b> Name <b>Roger Denicola</b> Street Address (P.O. Box Number is Not Acceptable) <b>2473 NW 9th Street</b> City <b>Delray Beach</b> <b>FL</b> Zip Code <b>33445</b>
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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:  DATE: **6/10/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	S <b>WILLIMAN, PETER C.</b>	<input type="checkbox"/>
NAME	<b>186 CHERRY ST. KATONAH NY</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P <b>WILLIMAN, ANDREA L.</b>	<input type="checkbox"/>
NAME	<b>186 CHERRY ST. KATONAH NY</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	<b>300021409469</b> <b>07/09/03--01023--001 **150.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<b>300021409469</b> <b>07/09/03--01023--002 **400.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 empowers.

SIGNATURE:  DATE: **7/7/03** DAYTIME PHONE #: **203-459-0007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)