## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Feb 11, 2004 8:00 am Secretary of State DOCUMENT # P23992 1. Entity Name 02-11-2004 90005 043 \*\*\*150.00 STANMAR, INC. OF MASSACHUSETTS Mailing Address Principal Place of Business 130 BOSTON POST RD 130 BOSTON POST RD SUDBURY MA 01776 SUDBURY MA 01776 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number Applied For City & State City & State 04-2275792 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEDT TITLE Addition me ☐ Delete SNIDER, STANLEY W NAME NAME STREET ADORESS 99-60 FLORENCE ST., #2B STREET ADDRESS CITY-ST-ZIP CHESTNUT HILL MA CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition NAME SOOPER, NANCY K NAME 45 CHURCHILL ST STREE1 ADDRESS STREET ADDRESS SUDBURY MA CITY-ST-ZIP CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME --SNIDER, MARK'A NAME. STREET ADDRESS STREET ADDRESS **6 RAVINE ROAD** CITY-ST-ZIP CITY-ST-ZIP WELLESLEY MA TITLE ☐ Delete TITLE Change Change ☐ Addition BODWELL, ARTHUR R NAME NAME STREET ADDRESS 18 BUCKINGHAM ROAD STREET ADDRESS 53 Harvest Circle JEFFERSON MA Holden, MA 01520 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change THIE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

**FILED** 

SIGNATURE: 5 02/09/04 978/443-9922 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NOTICE
NOTIC Daytime Phone # Date

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.