# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 02, 2005**
**Secretary of State**

DOCUMENT# P28962

**Entity Name:** GENERAL INSULATION COMPANY

**Current Principal Place of Business:**

278 MYSTIC AVE
2ND FLR STE 209
MEDFORD, MA 02155 US

**New Principal Place of Business:**

**Current Mailing Address:**

278 MYSTIC AVE
2ND FLR STE 209
MEDFORD, MA 02155 US

**New Mailing Address:**

**FEI Number: 04-1044750** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM
1200 S. 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: PTD ( ) Delete
Name: GRANARA, FRANCIS R.,
Address: 95 SHRINE RD.
City-St-Zip: NORWELL, MA 02061

Title: SD ( ) Delete
Name: SIROIS, ELLEN J
Address: 46 BUCKSKIN PATH
City-St-Zip: PLYMOUTH, MA 02360

Title: VP ( ) Delete
Name: MURPHY, LAWRENCE D
Address: 88 SHEFFIELD ROAD
City-St-Zip: MELROSE, MA 02176

Title: CFO ( ) Delete
Name: GATTIS, CHRISTOPHER G
Address: 777 GRET PON ROAD
City-St-Zip: NORTH ANDOVER, MA 01845

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ELLEN J. SIROIS SD 03/02/2005

Electronic Signature of Signing Officer or Director Date