

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P33949

1. Entity Name

KADANT WEB SYSTEMS, INC.



Principal Place of Business

35 SWORD STREET
P.O. BOX 269
AUBURN, MA 01501 US

Mailing Address

ONE ACTION PLACE
STE 202
ACTON, MA 01720

DO NOT WRITE IN THIS SPACE

03182003

No Chg-P

CR2E034 (10/03)

4. FEI Number

04-2809927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANDEVIN, ERIC J
STREET ADDRESS	35 SWORD ST.
CITY-ST-ZIP	AUBURN, MA 01501
TITLE	D
NAME	SINDONI, EDWARD J
STREET ADDRESS	35 SWORD ST
CITY-ST-ZIP	AUBURN, MA 01501
TITLE	D
NAME	RAINVILLE, WILLIAM A
STREET ADDRESS	ONE ACTION PLACE STE 202
CITY-ST-ZIP	ACTON, MA 01720
TITLE	S
NAME	LAMBERT, SANDRA L.
STREET ADDRESS	ONE ACTION PLACE STE 202
CITY-ST-ZIP	ACTON, MA 01720
TITLE	VPT
NAME	O'BRIEN, THOMAS M
STREET ADDRESS	ONE ACTION PLACE STE 202
CITY-ST-ZIP	ACTON, MA 01720
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Sandra L. Lambert

SANDRA L. LAMBERT, CLERK

Date

5/27/04

Daytime Phone #

978-776-2000

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90001 039 ***550.00

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