

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 14, 1999 8:00 am
Secretary of State

03-14-1999 90007 005 ***150.00

DOCUMENT # P39875

1. Corporation Name
REMANCO INTERNATIONAL, INC.



Principal Place of Business
260 FORDHAM ROAD
WILMINGTON MA 01887

Mailing Address
260 FORDHAM ROAD
WILMINGTON MA 01887

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 175 Ledge St.
Suite, Apt. #, etc.
22
City & State
23 Nashua, NH
Zip Country
24 03060 25 USA

2a. Mailing Address
26 P.O. Box 5152
Suite, Apt. #, etc.
27 9 Technology Drive
City & State
28 Westborough MA
Zip Country
29 01581 30 USA

3. Date Incorporated or Qualified
07/31/1992
4. FEI Number
04-3127628
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALSH, E. LOCKE	1.2 NAME	William G. Nelson
STREET ADDRESS	595 E ILLINOIS ROAD	1.3 STREET ADDRESS	11 Allstate Parkway
CITY-ST-ZIP	LAKE FOREST IL 60045	1.4 CITY-ST-ZIP	Markham, Ontario Canada L3R 9T8
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, ROY S.	2.2 NAME	David G.B. Scott
STREET ADDRESS	260 FORDHAM ROAD	2.3 STREET ADDRESS	11 Allstate Parkway
CITY-ST-ZIP	WILMINGTON MA 01887	2.4 CITY-ST-ZIP	Markham, Ontario Canada L3R 9T8
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	ASST. T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, FRANCIS J JR.	3.2 NAME	KATHRYN A. Smith
STREET ADDRESS	30 FEDERAL ST.	3.3 STREET ADDRESS	P.O. Box 5152 9 Technology Drive
CITY-ST-ZIP	BOSTON MA 02110	3.4 CITY-ST-ZIP	Westborough, MA 01581
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FINELT, HAROLD L	4.2 NAME	Shelley R. Isenberg
STREET ADDRESS	30 FEDERAL ST.	4.3 STREET ADDRESS	11 Allstate Parkway
CITY-ST-ZIP	BOSTON MA 02110	4.4 CITY-ST-ZIP	Markham, Ontario Canada L3R 9T8
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MARSHALL C	5.2 NAME	
STREET ADDRESS	220 MONTGOMERY ST, PENTHOUSE 10	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, RICHARD R	6.2 NAME	
STREET ADDRESS	234 E. COLORADO BLVD., STE. 500	6.3 STREET ADDRESS	
CITY-ST-ZIP	PASADENA CA 91101	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/99
Date

(508) 871-6970
Daytime Phone #

CR2E034 (1/98)