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97 JUN 23 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000025603**

1. Corporation Name

**TECHNICAL CADD CONSULTANTS, INC.**

Principal Place of Business

Mailing Address

**646 SUMMER ST.**

**SAME**

**SUITE 3**

**MANCHESTER, NH 03103**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUSAN BOWMAN**

**3243 MAJESTIC OAK DRIVE**

**ST. CLOUD, FLA 34771**

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**P, T, D**

**SUSAN BOWMAN**

**646 SUMMER ST., SUITE 3**

**MANCHESTER, NH 03103**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

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STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do 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.

SIGNATURE:

**Susan Bowman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

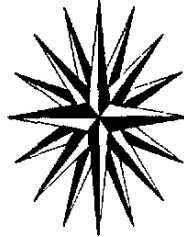
**June 17, 1997**

**603-641-8214**

Date

Daytime Phone #

CR2E034 (9/96)



## **Technical CADD Consultants, Inc.**

646 Summer Street Suite 3 Manchester, NH 03103  
Phone: 603-641-8214 Fax: 603-641-8214 Email: sebowman@ix.netcom.com

June 17, 1997

Technical CADD Consultants, Inc.  
646 Summer Street suite 3  
Manchester, NH 03103

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Leslie:

Thank you for the prompt response regarding the reinstatement of my corporation (ref. number P95000025663).

The annual report was not filed last year because my accountant in Florida failed to submit it. I did fill out the form, mailed it with the proper check to him as I have since moved to New Hampshire.

To contact my Florida accountant:  
Rob Rothfeld  
1003 North Central Ave  
Kissimmee, FL 34741  
407-932-3499

To contact my current accountant in New Hampshire:  
Lloyd Chase, CPA  
500 Harvey Road  
Manchester, NH 03103

If you have any further questions or requests, you may contact me at the above address and phone number.

Sincerely,

Susan E. Bowman  
Technical CADD Consultants, Inc.