

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000024865

1. Entity Name
LIDEL, INC.



Principal Place of Business
**1001 EAST ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483**

Mailing Address
**1000 MARKET STREET
BUILDING ONE
PORTSMOUTH, NH 03801 US**



01192006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **04-0335840** 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 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 \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WALSH, MARK T
1001 E ATLANTIC AVE STE 202
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WALSH, MICHAEL P
1001 E ATLANTIC AVE STE 202
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
WALSH, WILLIAM J
1000 MARKET ST BLDG #1
PORTSMOUTH, NH 03801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
ADE, RICHARD C
1000 MARKET ST BLDG #1
PORTSMOUTH, NH 03801**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
CRITCHFIELD, RICHARD H
1001 E ATLANTIC AVE STE 201
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**000000463883
03/21/06-80082-022 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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, or all other like empowered.

SIGNATURE:

SIGNATURE AND, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard C ADE, EVP

Date

Daytime Phone #

1/24/06 (603) 559-2100