

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F92000000108

Entity Name: NEW HAMPSHIRE STRUCTURES UNLIMITED, INC.

Current Principal Place of Business:

166 RIVER ROAD
BOW, NH 03304

FILED
Jan 22, 2016
Secretary of State
CC4329802543

Current Mailing Address:

P.O. BOX 4105
LICENSING DEPT
MANCHESTER, NH 03108-4105 US

FEI Number: 02-0275498

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES ST
SUITE 105
TALLAHASSEE, FL 32301 US

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

Officer/Director Detail :

Title PD
Name KELLER, ROBERT R JR.
Address 88 PINE STREET
City-State-Zip: MANCHESTER NH 03103

Title STD
Name GARFIELD, KATHERINE
Address 43 UNION STREET
City-State-Zip: MANCHESTER NH 03103

Title DIRECTOR
Name KELLER, RICHARD R
Address 41 UNION STREET
City-State-Zip: MANCHESTER NH 03103

Title VP, DIRECTOR
Name KELLER, BRUCE M
Address 1111 CANDIA ROAD
City-State-Zip: MANCHESTER NH 03109

Title VP
Name FOSS, KEVIN J
Address 40 RIVER ROAD
City-State-Zip: BOW NH 03304

Title DIRECTOR
Name KELLER, AMELIA S
Address 1111 CANDIA ROAD
City-State-Zip: MANCHESTER NH 03109

Title DIRECTOR
Name KELLER, DAVID W
Address 88 PINE STREET
City-State-Zip: MANCHESTER NH 03103

Title DIRECTOR
Name KELLER, SCOTT F
Address 88 PINE STREET
City-State-Zip: MANCHESTER NH 03103

I hereby 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 all other like empowered.

SIGNATURE: KATHERINE K GARFIELD

SECRETARY/TREASURER 01/22/2016

Electronic Signature of Signing Officer/Director Detail

Date