State of New Hampshire
2006 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 04/17/2007

Business ID: 492343

William M. Gardner

Secretary of State

WMCNR, INC.

PO BOX 852

ATKINSON, NH 03811

ENTITY TYPE:	CORPORATION
BUSINESS ID:	492343
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	000000000

BARTER BROKERAGE

1

ADDRESS OF PRINCIPAL OFFICE:

PO BOX 852

ATKINSON, NH 03811

REGISTERED AGENT AND OFFICE:

WILLIAM MCNEIR RICHMOND

4 BRUSHWOOD DR

ATKINSON, NH 03811

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If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

[X] The new mailing address **210 South Street, 4-3, Boston, MA 02111**

[X] The new principal office address **210 South Street, 4-3, Boston, MA 02111**

PO Box is acceptable.

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OFFICERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **William M Richmond**
STREET **4 Brushwood Drive**
CITY/STATE/ZIP **Atkinson NH 03811**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

BOARD OF DIRECTORS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **William M Richmond**
STREET **4 Brushwood Drive**
CITY/STATE/ZIP **Atkinson NH 03811**
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP
NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **William M Richmond**

Please print name and title of signer: **William M Richmond** / **PRESIDENT**

NAME TITLE

FEE DUE: **$150.00**

E-MAIL ADDRESS (OPTIONAL):

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529