



State of New Hampshire 2008 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, 2008

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

Filed
Date Filed: 01/10/2008
Business ID: 400721
William M. Gardner
Secretary of State

M. BRAUN, INC.
14 MARIN WAY
STRATHAM, NH 03885

ADDRESS OF PRINCIPAL OFFICE:
14 MARIN WAY
STRATHAM, NH 03885

REGISTERED AGENT AND OFFICE:
NIEVES, PETER, ESQ
C/O SHEEHAN PHINNEY BASS + GREEN, 1000 ELM S
MANCHESTER, NH 03101

ENTITY TYPE: CORPORATION
BUSINESS ID: 400721
STATE OF DOMICILE: MASSACHUSETTS

SALES, MFGR & DISTRIBUTION OF GLOVEBOXES & GAS
(PURIFICATION LAB EQUIPMENT)

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

- The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Christopher Chausse**
STREET **14 Marin Way**
CITY/STATE/ZIP **Stratham NH 03885**
TREAS. **Juergen Czupski**
STREET **14 Marin Way**
CITY/STATE/ZIP **Stratham NH 03885**
SEC'Y. **Juergen Czupski**
STREET **14 Marin Way**
CITY/STATE/ZIP **Stratham NH 03885**
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Martin Reinelt**
STREET **14 Marin Way**
CITY/STATE/ZIP **Stratham Nh 03885**
DIR. **Juergen Czupski**
STREET **14 Marin Way**
CITY/STATE/ZIP **Stratham NH 03885**
DIR. **Thomas Bultmann**
STREET **14 Marin Way**
CITY/STATE/ZIP **Stratham NH 03885**
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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: **Christopher Chausse**

Please print name and title of signer: **Christopher Chausse** / **PRESIDENT**
NAME TITLE

FEE DUE: **\$100.00**

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