



# State of New Hampshire 2010 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, 2010**

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

Filed  
Date Filed: 02/09/2010  
Business ID: 379633  
William M. Gardner  
Secretary of State

ECHO TRANSACTION MANAGEMENT, INC.

15 WASHINGTON ST , PO BOX 2150  
CONWAY, NH 03818

ADDRESS OF PRINCIPAL OFFICE:  
15 WASHINGTON ST , PO BOX 2150  
CONWAY, NH 03818

REGISTERED AGENT AND OFFICE:  
DROOFF, MICHAEL J, ESQ  
1000 ELM STREET , P.O. BOX 3701  
MANCHESTER, NH 03105

ENTITY TYPE: CORPORATION  
BUSINESS ID: 379633  
STATE OF DOMICILE: NEW HAMPSHIRE

ACQUISITION AND MANAGEMENT OF OTHER BUSINESS ENTITIES

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)

**A**

OTHE. **John Raden**  
STREET **PO Box 2150**  
CITY/STATE/ZIP **Conway Nh 03818**  
PRES. **George Epstein**  
STREET **PO Box 1250**  
CITY/STATE/ZIP **Conway Nh 03818**  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

**BOARD OF DIRECTORS**

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

**B**

DIR. **George Epstein**  
STREET **PO Box 1250**  
CITY/STATE/ZIP **Conway Nh 03818**  
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

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: **George Epstein**

Please print name and title of signer: **George Epstein** / **DIRECTOR**  
NAME TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): \_\_\_\_\_



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**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