State of New Hampshire
2012 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, 2012
ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/20/2012
Business ID: 362129
William M. Gardner
Secretary of State

MRXX CORPORATION

PO BOX 189
HAMPTON, NH 03843

ENTITY TYPE: CORPORATION
BUSINESS ID: 362129
STATE OF DOMICILE: DELAWARE

LEASING COMPANY FOR TRANSPORTATION/ RAILCAR EQUIPMENT

1

ADDRESS OF PRINCIPAL OFFICE:
239 DRAKESIDE ROAD
HAMPTON, NH 03842

REGISTERED AGENT AND OFFICE:
C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

2

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.

3

OFFICERS

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

A

PRES. **William D Evans**
STREET **239 Drakeside**
CITY/STATE/ZIP **Hampton Nh 03842**
TREAS. **William D Evans**
STREET **239 Drakeside**
CITY/STATE/ZIP **Hampton Nh 03842**
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. **William D Evans**
STREET **239 Drakeside**
CITY/STATE/ZIP **Hampton Nh 03842**
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 D Evans**

Please print name and title of signer: **William D Evans** / **PRESIDENT**
NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

036212920121009

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