



State of New Hampshire 2014 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, 2014

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

Filed
Date Filed: 02/25/2014
Business ID: 595994
William M. Gardner
Secretary of State

BSA LIFESTRUCTURES INC.
9365 COUNSELORS ROW
INDIANAPOLIS, IN 46240

ADDRESS OF PRINCIPAL OFFICE:

9365 COUNSELORS ROW
INDIANAPOLIS, IN 46240

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION
BUSINESS ID: 595994
STATE OF DOMICILE: INDIANA

Provides architecture, full engineering disciplines, facility and strategic
planning, interior design, facility & document management & construction

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. Keith H. Smith
STREET 9365 Counselors Row
CITY/STATE/ZIP Indianapolis In 46240
SEC'Y. Robert P. Schoeck
STREET 9365 Counselors Row
CITY/STATE/ZIP Indianapolis IN 46240
TREAS. Robert A. Shea
STREET 9365 Counselors Row
CITY/STATE/ZIP Indianapolis In 46240
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

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

DIR. Keith H. Smith
STREET 9365 Counselors Row
CITY/STATE/ZIP Indianapolis In 46240
DIR. Robert A. Shea
STREET 9365 Counselors Row
CITY/STATE/ZIP Indianapolis In 46240
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: Kelly Lettmann

Please print name and title of signer: Kelly Lettmann / AUTHORIZED PARTY

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, 107 N. Main St., Room 204, Concord, NH 03301