



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: 04/03/2014
Business ID: 270778
William M. Gardner
Secretary of State

PRINCETON TECHNOLOGY CORPORATION

33 CONSTITUTION DR
HUDSON, NH 03051

ADDRESS OF PRINCIPAL OFFICE:

33 CONSTITUTION DRIVE
HUDSON, NH 03051

REGISTERED AGENT AND OFFICE:

NORTON, CRAIG E
33 CONSTITUTION DRIVE
HUDSON, NH 03051

ENTITY TYPE: CORPORATION

BUSINESS ID: 270778

STATE OF DOMICILE: NEW HAMPSHIRE

MANUFACTURE ELECTRONIC DEVICES, COMPONENTS

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. **Craig Norton**
STREET **12 Beechwood Rd**
CITY/STATE/ZIP **Hudson NH 03051**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

A

BOARD OF DIRECTORS

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

DIR. **Craig Eric Norton**
STREET **12 Beechwood Road**
CITY/STATE/ZIP **Hudson Nh 03051**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

B

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.

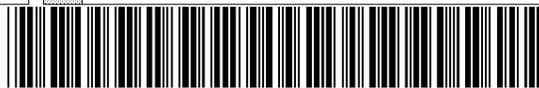
Sign here: **Craig Norton**

Please print name and title of signer: **Craig Norton** / **PRESIDENT**

NAME TITLE

FEE DUE: \$150.00

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