State of New Hampshire
2015 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, 2015

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

Filed

Date Filed: 03/13/2015

Business ID: 452324

William M. Gardner

Secretary of State

BLAKELL NORTH AMERICA, INC.

5804 BRECKENRIDGE PKWY. STE. E

TAMPA, FL 33610

ENTITY TYPE: CORPORATION

BUSINESS ID: 452324

STATE OF DOMICILE: DELAWARE

SALES AND SERVICE FOR SMT EQUIPMENT.

1

ADDRESS OF PRINCIPAL OFFICE:

5804 BRECKENRIDGE PKWY. STE. E

TAMPA, FL 33610

REGISTERED AGENT AND OFFICE:

ZUCKER, STEPHEN

4 TANGLEWOOD DRIVE

RAYMOND, NH 03077

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

TREAS. **Julian Lionel Boardman**

STREET **5 Came View Close**

CITY/STATE/ZIP **Dorchester, Dorset, Uk Xx Dt1 2af**

NAME

STREET

CITY/STATE/ZIP

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

NAME

STREET

CITY/STATE/ZIP

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

4

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: **JULIAN LIONEL BOARDMAN**

Please print name and title of signer: **JULIAN LIONEL BOARDMAN** / **TREASURER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

045232420151009

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:

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