State of New Hampshire
2004 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, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004, WILL BE ASSESSED A $50.00 LATE FEE.

Filed
Effective Date: 02/26/2004
Business ID: 047219
William M. Gardner
Secretary of State
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STAL-MCLANE, INCORPORATED
481 HANOVER ST
MANCHESTER, NH 03104

ENTITY TYPE:	CORPORATION
BUSINESS ID:	047219
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	020360618

MARKETING, ADVERTISING, PUBLIC RELATIONS

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ADDRESS OF PRINCIPAL OFFICE:
481 HANOVER ST
MANCHESTER, NH 03104

REGISTERED AGENT AND OFFICE:
WILLIAM L. CHAPMAN
ONE EAGLE SQUARE, PO BOX 3550
CONCORD, NH 03302

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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 **FRISKY M. STAL**
STREET **481 HANOVER ST.**
CITY/STATE/ZIP **MANCHESTER, NH 03104**
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 **FRISKY M. STAL**
STREET **481 HANOVER ST.**
CITY/STATE/ZIP **MANCHESTER, NH 03104**
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: **FRISKY M. STAL**

Please print name and title of signer: **FRISKY M. STAL** / **PRESIDENT**
NAME TITLE

REPORT FEE IS: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

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