



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: 03/19/2004
Business ID: 008490
William M. Gardner
Secretary of State
200407990175

DYER TECHNOLOGY, INC.

**23 EXECUTIVE DRIVE
HUDSON, NH 03051**

ADDRESS OF PRINCIPAL OFFICE:

**23 EXECUTIVE DRIVE
HUDSON, NH 03051**

REGISTERED AGENT AND OFFICE:

**WALTER F. MARTIN
17 DRACUT RD
HUDSON, NH 03051**

ENTITY TYPE: CORPORATION

BUSINESS ID: 008490

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020339833

DEAL WITH MICRO-COMPUTERS

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 **WALTER F MARTIN**
STREET **23 EXECUTIVE DRIVE**
CITY/STATE/ZIP **HUDSON, NH 03051**

SEC'Y **WALTER F MARTIN**
STREET **23 EXECUTIVE DRIVE**
CITY/STATE/ZIP **HUDSON, NH 03051**

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)

NAME **WALTER F MARTIN**
STREET **23 EXECUTIVE DRIVE**
CITY/STATE/ZIP **HUDSON, NH 03051**

NAME **WALTER F MARTIN**
STREET **23 EXECUTIVE DRIVE**
CITY/STATE/ZIP **HUDSON, NH 03051**

NAME
STREET

CITY/STATE/ZIP
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: **WALTER F MARTIN**

Please print name and title of signer: **WALTER F MARTIN / 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