# 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: 05/20/2004
Business ID: 143875
William M. Gardner
Secretary of State
200414190006

**ZCO CORPORATION**
**PO BOX 3720**
**NASHUA, NH 03061**

| | |
|---|---|
| ENTITY TYPE: | CORPORATION |
| BUSINESS ID: | 143875 |
| STATE OF DOMICILE: | NEW HAMPSHIRE |
| FEDERAL ID: | 020433991 |

COMPUTER SOFTWARE PRODUCTS

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**ADDRESS OF PRINCIPAL OFFICE:**
**41 SAGAMORE PARK DR**
**HUDSON, NH 03051**

**REGISTERED AGENT AND OFFICE:**
**DANIEL S. COOLIDGE, ESQ.**
**1000 ELM STREET, P.O. BOX 3701**
**MANCHESTER, NH 03105**

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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.**

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**OFFICERS** — **A**

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

| | |
|---|---|
| PRES | JOHN C. OLAPURATH |
| STREET | PO BOX 3720 |
| CITY/STATE/ZIP | NASHUA, NH 03061-3720 |
| SEC'Y | LINDA M. REILLY |
| STREET | PO BOX 3720 |
| CITY/STATE/ZIP | NASHUA, NH 03061-3720 |
| NAME | |
| STREET | |
| CITY/STATE/ZIP | |
| NAME | |
| STREET | |
| CITY/STATE/ZIP | |

**BOARD OF DIRECTORS** — **B**

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

| | |
|---|---|
| NAME | JOHN C. OLAPURATH |
| STREET | PO BOX 3720 |
| CITY/STATE/ZIP | NASHUA, NH 03061-3720 |
| 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:** LINDA M. REILLY

**Please print name and title of signer:** LINDA M. REILLY / SECRETARY
NAME TITLE

REPORT FEE IS: **$150.00**

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