State of New Hampshire
2005 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, 2005

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

Filed
Date Filed: 03/28/2005
Business ID: 296042
William M. Gardner
Secretary of State

ATLANTIC QUOTE SYSTEMS, INC.

16 N RIVER RD
MILFORD , NH 03055

ENTITY TYPE:	CORPORATION
BUSINESS ID:	296042
STATE OF DOMICILE:	NEW HAMPSHIRE
FEDERAL ID:	020500328

MFG & SALE OF COMPUTER SOFTWARE

1

ADDRESS OF PRINCIPAL OFFICE:
16 N RIVER RD
MILFORD , NH 03055

REGISTERED AGENT AND OFFICE:
C T CORPORATION SYSTEM
9 CAPITOL ST
CONCORD , NH 03301

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 — **A**

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

DIR. **ROBERT D. RANCK**
STREET **16 NORTH RIVER ROAD**
CITY/STATE/ZIP **MILFORD NH 03055**
NAME .....
STREET .....
CITY/STATE/ZIP
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)

PRES. **ROBERT D. RANCK**
STREET **16 NORTH RIVER ROAD**
CITY/STATE/ZIP **MILFORD NH 03055**
SEC'Y. **SUSAN J. RANCK**
STREET **16 NORTH RIVER ROAD**
CITY/STATE/ZIP **MILFORD NH 03055**
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: **ROBERT D. RANCK**

Please print name and title of signer: **ROBERT D. RANCK** / **PRESIDENT**
NAME TITLE

FEE DUE: **$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