



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: 03/30/2005
Business ID: 330622
William M. Gardner
Secretary of State

ANTENNASYS, INC.

313 GAGE HILL RD
PELHAM, NH 03076

ADDRESS OF PRINCIPAL OFFICE:

313 GAGE HILL RD
PELHAM, NH 03076

REGISTERED AGENT AND OFFICE:

SPENCER WEBB
313 GAGE HILL RD
PELHAM, NH 03076

ENTITY TYPE: CORPORATION

BUSINESS ID: 330622

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020514504

CONSULTING, DESIGN & MANUFACTURING SVCS

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)

DIR. **Spencer Webb**
STREET **313 GAGE HILL ROAD**
CITY/STATE/ZIP **Pelham NH 03076**

DIR. **Chandra A Webb**
STREET **313 GAGE HILL ROAD**
CITY/STATE/ZIP **Pelham NH 03076**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

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

PRES. **Spencer Webb**
STREET **313 GAGE HILL ROAD**
CITY/STATE/ZIP **Pelham NH 03076**

TREAS. **Chandra A Webb**
STREET **313 GAGE HILL ROAD**
CITY/STATE/ZIP **Pelham NH 03076**

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

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: **CHANDRA A WEBB**

Please print name and title of signer: **CHANDRA A WEBB** / **TREASURER**

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