Form No. 47 NH

NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE, CONCORD, NH

D. MCLEOD, INC.
49 S STATE ST
CONCORD NH 03301-3621

INDICATE CHANGES IN ABOVE ANNUAL REPORT MAILING ADDRESS. **THIS COMPLETE FORM MUST BE SUBMITTED. DO NOT SEPARATE ANY PART OF THE FORM.**

A $50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15. (SEE INSTRUCTIONS.)

INFORMATION ON THIS REPORT SHALL BE AS OF JANUARY 1, 2003 FOR REPORT DUE APRIL 1, 2003

RECEIVED
JAN 21 2003 #1
NEW HAMPSHIRE
SECRETARY OF ST. TE

016206 Not to be Filled in:
Date .....
Check No 7043
Amount 100

$100.00 REPORT FEE

$100.00 TOTAL DUE

PLEASE TYPE OR PRINT IN INK

NAME OF CORPORATION
D. MCLEOD, INC.

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTE "A" ON REVERSE SIDE.

FEDERAL ID#	0	2	—	0	2	1	2	5	2	9
CORRECTED ID#			—							

COMPLETE ADDRESS OF PRINCIPAL OFFICE:
49 S STATE ST
CONCORD, NH 03301

CORRECTION IN ABOVE ADDRESS:

INCORPORATED UNDER THE LAWS OF:
STATE NH

COMPLETE INFORMATION AS OF JANUARY 1, 2003

NATURE OF BUSINESS IN NH:
Retail Florist

PRINCIPAL OFFICERS

PRESIDENT
James Saltmarsh
BUSINESS ADDRESS: NO. STREET
49 So. State St
TOWN/CITY STATE ZIP
Concord, NH 03301

TREASURER
JOHN M. CROSS
BUSINESS ADDRESS: NO. STREET
49 So. State St.
TOWN/CITY STATE ZIP
Concord NH 03301

SECRETARY
Robert Upton
BUSINESS ADDRESS: NO. STREET
10 Centre St
TOWN/CITY STATE ZIP
Concord NH. 03301

REGISTERED AGENT/REGISTERED OFFICE

ERNEST T SMITH III
49 S STATE ST
CONCORD, NH 03301

REQUEST FORM 9 TO CHANGE REGISTERED AGENT OR REGISTERED OFFICE. SEE NUMBER 1 ON REVERSE SIDE.

DIRECTORS

AT LEAST ONE DIRECTOR REQUIRED. NAME(S) OF DIRECTOR(S) MUST BE ENTERED EVEN IF SAME AS OFFICER(S).

DIRECTOR
JOHN M. CROSS
BUSINESS ADDRESS: NO. STREET
49 So State St
TOWN/CITY STATE ZIP
Concord NH. 03301

DIRECTOR
Thomas F. McLeod
BUSINESS ADDRESS: NO. STREET
49 So State St
TOWN/CITY STATE ZIP
Concord NH 03301

IF THERE ARE ANY ADDITIONAL DIRECTORS, PLEASE ATTACH ADDITIONAL SHEET.

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.

MUST HAVE ORIGINAL SIGNATURE

SIGNATURE John M. Cross

TYPE OR PRINT NAME: JOHN. M. CROSS

TITLE: Treas