Form No. 47 NH

NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE, CONCORD, NH

ESBY FLOORING INC.
15 IRON HORSE DR B308
BEDFORD NH 03110-6840

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

MAR 19 2003

387912 Not to be Filled in:
Date .....
Check No 1373
Amount 100

$100.00 REPORT FEE

$100.00 TOTAL DUE

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

PLEASE TYPE OR PRINT IN INK

NAME OF CORPORATION
ESBY FLOORING INC.

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

FEDERAL ID#	0	2	—	0	5	3	0	4	8	0
CORRECTED ID#			—							

COMPLETE ADDRESS OF PRINCIPAL OFFICE:
15 IRON HORSE DR B308
BEDFORD, NH 03110

CORRECTION IN ABOVE ADDRESS:
150 Blucher St. Unit #1
Manchester, NH 03102

INCORPORATED UNDER THE LAWS OF:
STATE NH

COMPLETE INFORMATION AS OF JANUARY 1, 2003

NATURE OF BUSINESS IN NH:
Commercial Flooring

PRINCIPAL OFFICERS

PRESIDENT
Troy T. Esby
BUSINESS ADDRESS: NO STREET
150 Blucher St.
TOWN/CITY STATE ZIP
Manchester NH 03102

TREASURER
Isabeau Esby
BUSINESS ADDRESS: NO STREET
150 Blucher Street
TOWN/CITY STATE ZIP
Manchester, NH 03102

SECRETARY
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

REGISTERED AGENT/REGISTERED OFFICE

ISABEAU ESBY
150 BLUCHER ST, UNIT #1
MANCHESTER, NH 03102

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
Troy Esby
BUSINESS ADDRESS: NO. STREET
150 Blucher Street
TOWN/CITY STATE ZIP
Manchester NH 03102

DIRECTOR
Isabeau Esby
BUSINESS ADDRESS: NO STREET
150 Blucher Street
TOWN/CITY STATE ZIP
Manchester NH 03102

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

TYPE OR PRINT NAME: Isabeau Esby

TITLE: Treasurer