



State of New Hampshire 2006 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, 2006

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

Filed
Date Filed: 03/28/2006
Business ID: 299955
William M. Gardner
Secretary of State

SHEERR MCCRYSTAL PALSON ARCHITECTURE, INC.

224 MAIN ST , PO BOX 1500
NEW LONDON , NH 03257

ADDRESS OF PRINCIPAL OFFICE:

224 MAIN ST , PO BOX 1500
NEW LONDON , NH 03257

REGISTERED AGENT AND OFFICE:

ERIC PALSON
1111 PINE ST
CONTOOCHOOK , NH 03229

ENTITY TYPE: CORPORATION

BUSINESS ID: 299955

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020503207

ARCHITECT

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)

A

NAME Eric Palson, President
STREET 224 Main St. PO Box 1500
CITY/STATE/ZIP New London NH 03257

NAME Christopher Lizotte, Vice President
STREET 224 Main St. PO Box 1500
CITY/STATE/ZIP New London NH 03257

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

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

B

NAME Eric Palson
STREET 224 Main St PO Box 1500
CITY/STATE/ZIP New London NH 03257

NAME Ch.ri. Stephen Lizotte
STREET 224 Main St. PO Box 1500
CITY/STATE/ZIP New London NH 03257

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

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:

Please print name and title of signer:

ERIC PALSON
NAME

PRESIDENT
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
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