



# 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: 03/31/2006  
Business ID: 369077  
William M. Gardner  
Secretary of State

INSTEP KNOWLEDGE SYSTEMS INC.

15 CONSTITUTION DR STE 149  
BEDFORD , NH 03110

ADDRESS OF PRINCIPAL OFFICE:

15 CONSTITUTION DR STE 149  
BEDFORD , NH 03110

REGISTERED AGENT AND OFFICE:

DAYLE JO CARROLL  
15 CONSTITUTION DR, STE 149  
BEDFORD , NH 03110

ENTITY TYPE: CORPORATION

BUSINESS ID: 369077

STATE OF DOMICILE: NEVADA

INFORMATION MANAGEMENT SERVICES

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)

PRES. Dayle Jo (carroll) Shariff  
STREET 15 Constitution Dr., Suite 149  
CITY/STATE/ZIP Bedford Nh 03110

V-PRES. Iqbal Shariff  
STREET 15 Constitution Dr. Suite 149  
CITY/STATE/ZIP Bedford Nh 03110

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)

DIR. Dayle Jo (carroll) Shariff  
STREET 15 Constitution Dr., Suite 149  
CITY/STATE/ZIP Bedford Nh 03110

DIR. Iqbal Shariff  
STREET 15 Constitution Dr. Suite 149  
CITY/STATE/ZIP Bedford Nh 03110

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: MARY BETH FOWLER

Please print name and title of signer: MARY BETH FOWLER / AUTHORIZED PARTY

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