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: 04/06/2006
Business ID: 394627
William M. Gardner
Secretary of State

TECHPOINT SALES, INC.

32 MAPLE ROAD
NORTH HAMPTON , NH 03862

ENTITY TYPE: CORPORATION
BUSINESS ID: 394627
STATE OF DOMICILE: NEW HAMPSHIRE
MANUFACTURER'S REPRESENTATIVE

1

ADDRESS OF PRINCIPAL OFFICE:
32 MAPLE ROAD
NORTH HAMPTON , NH 03862

REGISTERED AGENT AND OFFICE:
JOSEPH LAWLOR
32 MAPLE ROAD
HAMPTON , NH 03862

2

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.

3

OFFICERS — **A**

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

PRES. **Joseph Lawlor**
STREET **32 Maple Road**
CITY/STATE/ZIP **North Hampton Nh 03862**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS — **B**

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

DIR. **Joseph Lawlor**
STREET **32 Maple Road**
CITY/STATE/ZIP **North Hampton Nh 03862**
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

4

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: **JOSEPH LAWLOR**

Please print name and title of signer: **JOSEPH LAWLOR** / **PRESIDENT**
NAME TITLE

FEE DUE: **$125.00**

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