

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morfitt  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
95 JAN 25 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F93000005169 (8)**

1. Corporation Name  
**OCSAP LTD. COMPANY**

Principal Place of Business      Mailing Address  
**RAILROAD AVE.                      RAILROAD AVE.**  
**DEXTER ME 04930                  DEXTER ME 04930**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/15/1993</b>	3a. Date of Last Report <b>03/08/1994</b>
21		26		4. FEI Number <b>01-0484469</b>	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324</b>				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	<b>FL</b>	B5

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PTD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUNDER, PETER</b>	1.2 NAME	
STREET ADDRESS	<b>75 MAYFLOWER HILL DR.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERVILLE ME 04901</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALFOND, HAROLD</b>	2.2 NAME	
STREET ADDRESS	<b>TWO N. BREAKERS ROW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BEACH FL 33480</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALFOND, THEODORE</b>	3.2 NAME	
STREET ADDRESS	<b>ONE CHESTNUT ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON MA 02193</b>	3.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, WILLIAM P</b>	4.2 NAME	
STREET ADDRESS	<b>RD. 3</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DEXTER ME 04930</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VAS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTTER, EDWARD J</b>	5.2 NAME	
STREET ADDRESS	<b>8 STONE RIDGE DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WATERVILLE ME 04901</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUFFETT, WARREN E</b>	6.2 NAME	
STREET ADDRESS	<b>5505 FARNAM ST.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMAHA NE</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report was voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attached sheet with an addition.

SIGNATURE: William P. Roberts      1/12/95      (802) 924-7341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**William P. Roberts, Secretary**