

2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90973 035 \*\*\*150.00

063264 1 SP

<b>DOCUMENT # F93000005169</b>			
1. Entity Name <b>OCSAP LTD. COMPANY</b>			
Principal Place of Business <b>RAILROAD AVE. DEXTER ME 04930</b>		Mailing Address <b>RAILROAD AVE. DEXTER ME 04930</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>01-0484469</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CTD</b> <b>LUNDER, PETER</b> <b>75 MAYFLOWER HILL DR.</b> <b>WATERVILLE ME 04901</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>JAMES E. ISSLER</b> <b>71 RAILROAD AVENUE</b> <b>DEXTER, ME 04930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>ALFOND, HAROLD</b> <b>TWO N. BREAKERS ROW</b> <b>PALM BEACH FL 33480</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S/D</b> <b>J. SCOTT BOHLING</b> <b>71 RAILROAD AVENUE</b> <b>DEXTER, ME 04930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>LAUZE, LAURIER</b> <b>RFD #2, SWAIN HILL ROAD</b> <b>SKOWHEGAN ME</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASST.T</b> <b>GREG KELLY</b> <b>71 RAILROAD AVENUE</b> <b>DEXTER, ME 04930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>EMORY, JOHN B</b> <b>DEERFIELD RD</b> <b>DEXTER ME 04930</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CLERK</b> <b>OLIVER FRANKOWSKI</b> <b>71 RAILROAD AVENUE</b> <b>DEXTER, ME 04930</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUFFETT, WARREN E</b> <b>5505 FARNAM ST.</b> <b>OMAHA NE</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CD</b> <b>DISPASQUALE, DAVID</b> <b>456 GREEN STREET</b> <b>NORTHBOROUGH MA 01532</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE **CLERK** 3/22/02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)