

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # F96000002712 1. Entity Name PANOLAM INDUSTRIES, INC.	
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Principal Place of Business 20 PROGRESS DRIVE SHELTON, CT 06484 US	Mailing Address 20 PROGRESS DRIVE SHELTON, CT 06484 US
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3244858	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MULLER, JEFFREY 20 PROGRESS DRIVE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MULLER, ROBERT J 20 PROGRESS DRIVE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP FEURING, STEVE 20 PROGRESS DRIVE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DWYER, ELIZABETH 20 PROGRESS DRIVE SHELTON, CT 06484
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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04/18/05-80087-024 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffrey M. Muller **JEFFREY MULLER**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **SECRETARY**

Date 4-12-05 Daytime Phone # _____