NEW HAMPSHIRE ANNUAL REPORT
SECRETARY OF STATE, CONCORD, N.H.

A $50.00 LATE FILING FEE IS DUE ON ALL REPORTS NOT RECEIVED ON OR BEFORE APRIL 15. (SEE INSTRUCTIONS.)

INFORMATION ON THIS REPORT SHALL BE AS OF JANUARY 1, 1995 FOR REPORT DUE APRIL 1, 1995

RECEIVED
JAN 19 1995
NEW HAMPSHIRE
SECRETARY OF STATE

0014523 FP 03253 2 2 0801

FINANCIAL RESOURCES & ASSISTANCE OF THE
LAKES REGION, INC.
PO BOX 1158
MEREDITH NH 03253

143143 Not to be Filled In:
Date
Check No. 13998
Amount 100-

$100.00 REPORT FEE

$100.00 TOTAL DUE

NH Archives & Records Management

Folder # 66247

INDICATE CHANGES IN ABOVE MAILING ADDRESS

Form No. 47 NH

Bx 036062

PLEASE TYPE OR PRINT

NAME OF CORPORATION

FINANCIAL RESOURCES & ASSISTANCE OF THE LAKES REGION, INC.

AMENDMENT MUST BE FILED TO CHANGE NAME. SEE NOTE "A" ON THE INSTRUCTION SHEET.

FEDERAL ID #	0	2	—	0	4	3	3	8	4	0
CORRECTED ID #			—							

PRINCIPAL OFFICE:

PO BOX 1158
MEREDITH NH 03253

CORRECTION IN ABOVE ADDRESS:

INCORPORATED UNDER THE LAWS OF:
STATE NH

COMPLETE INFORMATION AS OF JANUARY 1, 1995

NATURE OF BUSINESS IN NH:

Mortgage broker

PRINCIPAL OFFICERS

PRESIDENT
Scott D. Farah
BUSINESS ADDRESS: NO. STREET
PO Box 1158
TOWN/CITY STATE ZIP
Meredith, NH 03253

TREASURER
NA
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

SECRETARY
NA
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

REGISTERED AGENT / REGISTERED OFFICE

SCOTT DAVID FARAH
15 NORTHVIEW DRIVE
MEREDITH NH 03253

TO CHANGE REGISTERED AGENT OR REGISTERED OFFICE, REQUEST FORM 9 FROM SECRETARY OF STATE. SEE NUMBER 1 ON THE INSTRUCTION SHEET.

DIRECTORS

AT LEAST ONE DIRECTOR REQUIRED. NAME(S) OF DIRECTOR(S) MUST BE ENTERED EVEN IF SAME AS OFFICER(S).

DIRECTOR
Scott Farah
BUSINESS ADDRESS: NO. STREET
Same
TOWN/CITY STATE ZIP

DIRECTOR
BUSINESS ADDRESS: NO. STREET
TOWN/CITY STATE ZIP

IF THERE ARE ANY ADDITIONAL DIRECTORS, PLEASE ATTACH ADDITIONAL SHEET

TO BE SIGNED BY THE CHAIRMAN OF THE BOARD OF DIRECTORS, BY THE PRESIDENT, OR BY ANOTHER OFFICER.
I, THE UNDERSIGNED DO HEREBY CERTIFY THAT THE STATEMENTS ON THIS REPORT ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

SIGNATURE [signature]

TYPE OR PRINT NAME: Scott D. Farah

TITLE: President