

Amended Address change



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Mathew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 87139		2. Name of Corporation National Sign Corporation	
3. Street Address Principal Business Office 780 Four Rod Road		City Berlin	State CT
4. Business Phone No. 860-829-9060		5. State of Incorporation CONNECTICUT	
6. SIC Code 0			

7. Brief Description of the Character of Business Conducted in Rhode Island  
**THE MANUFACTURING AND INSTALLATION OF SIGNS AND PERFORMING ALL SERVICES RELATED THERETO.**

<b>8. NAMES AND ADDRESSES OF THE OFFICERS ( "X" BOX FOR ATTACHMENT ) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name Russell P. Hassmann			Vice President Name n/a		
Street Address 28 Burwell Newton Dr			Street Address .		
City Durham	State CT	Zip 06422	City .	State .	Zip .
Secretary Name Leslie Hassmann			Treasurer Name Russell P. Hassmann		
Street Address 28 Burwell Newton Dr			Street Address 28 Burwell Newton Dr		
City Durham	State CT	Zip 06422	City Durham	State CT	Zip 06422

<b>9. NAMES AND ADDRESSES OF THE DIRECTORS ( "X" BOX FOR ATTACHMENT ) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name Russell P. Hassmann			Director Name .		
Street Address 28 Burwell Newton Dr			Street Address .		
City Durham	State CT	Zip 06422	City .	State .	Zip .
Director Name .			Director Name .		
Street Address .			Street Address .		
City .	State .	Zip .	City .	State .	Zip .

<b>10. SHARES AUTHORIZED ( "X" BOX FOR ATTACHMENT ) [ ]</b>			<b>( ) SHARES ISSUED ( "X" BOX FOR ATTACHMENT ) [ ]</b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
20,000	COMM NO PAR VALUE		1000		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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\*87139 FBC 04/22/04 09:34:55 AM\*

File Date 4/23/04

Check No. \_\_\_\_\_

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 4/23/04  
 Signature of Officer Date  
RUSSELL P. HASSMANN  
 Print or Type Name of Officer  
PRESIDENT & CEO  
 Title of Officer