



State of New Hampshire

2010 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/13/2010

Business ID: 445729

William M. Gardner

Secretary of State

ZR-1 NET, INC.

52 TIMBERLINE DR
NASHUA, NH 03062

ADDRESS OF PRINCIPAL OFFICE:

52 TIMBERLINE DR
NASHUA, NH 03062

REGISTERED AGENT AND OFFICE:

BRIGHT, DAVID
52 TIMBERLINE DR
NASHUA, NH 03062

ENTITY TYPE: CORPORATION

BUSINESS ID: 445729

STATE OF DOMICILE: NEW HAMPSHIRE

CORVETTE AUTO CLUB AND OTHER AUTOMOTIVE RELATED
SERVICES

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. David Wayne Bright

STREET 52 Timberline Drive

CITY/STATE/ZIP Nashua Nh 03062

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. David Wayne Bright

STREET 52 Timberline Drive

CITY/STATE/ZIP Nashua Nh 03062

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

David Wayne Bright

Please print name and title of signer:

David Wayne Bright

/

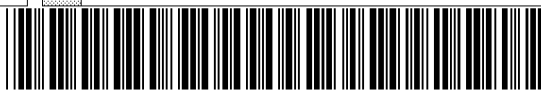
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



044572920101005

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529