

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1-2

DOCUMENT # 418323
1. Corporation Name
CUTLER RIDGE THOM MCAN, INC.

(2)
7768



Principal Place of Business
67 MILLBROOK STREET
WORCESTER MA 01606

Mailing Address
67 MILLBROOK STREET
WORCESTER MA 01606

3. Date Incorporated or Qualified 02/05/1973	3a. Date of Last Report 05/01/1995
4. FEI Number 04-2513673	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and street address) (NOTE: Registered Agent signature required when reissuing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	LARENCE, ROGER	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCVEY, LARRY A	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WOZNAK, EDWARD S.	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FERRAIOLI, RICHARD A	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, THEODORE	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QURAESHI, SHAHID	
STREET ADDRESS	ONE THEALL ROAD	
CITY-ST-ZIP	RYE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

SEPARATE SCHEDULE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Roger Larence* ROGER LARENCE APR 26 1996 (608) 791-3611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ASSISTANT SECRETARY

CR2E034 (12/95)

ALL STATES
April 12, 1996
Business

THOM MCAN DIVISION

PRESIDENT

Larry A. McVey

67 Millbrook Street, Worcester, MA 01606

VICE PRESIDENTS

Theodore L. Anderson
Edward S. Wozniak

67 Millbrook Street, Worcester, MA 01606
67 Millbrook Street, Worcester, MA 01606

TREASURER

Edward S. Wozniak

67 Millbrook Street, Worcester, MA 01606

SECRETARY

Edward J. Lucey

67 Millbrook Street, Worcester, MA 01606

ASSISTANT SECRETARY

Roger Larence

67 Millbrook Street, Worcester, MA 01606

DIRECTORS

Theodore L. Anderson
Michael R. Brennan
Larry A. McVey
Arthur V. Richards
Edward S. Wozniak

67 Millbrook Street, Worcester, MA 01606
One Theall Road, Rye, NY 10580
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