

2000 UNIFORM BUSINESS REPORT (UBR)

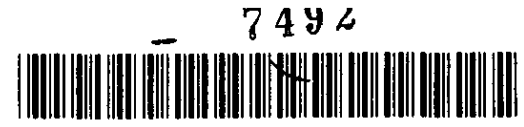
FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90211 001 ***300.00

DOCUMENT # 828498
 1. Entity Name
H.P. HOOD & SONS, INC.

Principal Place of Business 90 EVERETT AVE SUITE 200 CHELSEA MA 02150 US	Mailing Address 90 EVERETT AVE SUITE 200 CHELSEA MA 02150-2337 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2507140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
 110 NORTH MAGNOLIA STREET
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	T BRESTEN, THERESA
STREET ADDRESS	25 ZACHARY LANE
CITY-ST-ZIP	READING MA
TITLE	<input type="checkbox"/> Delete
NAME	PD KANEB, JOHN A.
STREET ADDRESS	34 MASCONOMO ST
CITY-ST-ZIP	MANCHESTER MA
TITLE	<input type="checkbox"/> Delete
NAME	S GANEK, MARC E
STREET ADDRESS	7 ZAMBOM TERR
CITY-ST-ZIP	ANDOVER MA 01812
TITLE	<input type="checkbox"/> Delete
NAME	D KANEB, GARY
STREET ADDRESS	12 SMITH'S POINT RD
CITY-ST-ZIP	MANCHESTER 01
TITLE	<input type="checkbox"/> Delete
NAME	D KANEB, STEPHEN
STREET ADDRESS	72 HIGHLAND RD
CITY-ST-ZIP	SOUTH HAMPTON NH
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Theresa M. Bresten*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Theresa M. Bresten
Treasurer
 Date: **4-3-00** Daytime Phone #: **617-887-3000**

CR2E034 (9/99)