FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:13

DOCUMENT # 838478 (6)

1. Corporation Name
IMTRA CORPORATION

Principal Place of Business	Mailing Address
30 SAMUEL BARNET BLVD NEW BEDFORD MA 02745	30 SAMUEL BARNET BLVD NEW BEDFORD MA 02745

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1977	3a. Date of Last Report: 01/25/1994
4. FEI Number: 04-2137249	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STEARNS, STEPHEN 4740-126TH AVE.,N. CLEARWATER FL 34622	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 _____ DATE
(Signature required if registered agent is being changed) (NEW Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☒ Addition
NAME	FARNHAM, WILLIAM H., JR.	12 NAME	
STREET ADDRESS	15 WEST RIVER ROAD	13 STREET ADDRESS	02738
CITY-ST-ZIP	MARION MA	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☒ Addition
NAME	SCHULER, CLARK S	22 NAME	
STREET ADDRESS	646 MARRETT ROAD	23 STREET ADDRESS	02173
CITY-ST-ZIP	LEXINGTON MA	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☒ Addition
NAME	ROGERSON, WILLIAM G.	32 NAME	
STREET ADDRESS	103 PINCKNEY ST.	33 STREET ADDRESS	02114
CITY-ST-ZIP	BOSTON MA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☒ Addition
NAME	ROGERSON, EDWARD S	42 NAME	
STREET ADDRESS	231 RANDOLPH AVE	43 STREET ADDRESS	02186
CITY-ST-ZIP	MILTON MA	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☒ Addition
NAME	BISHOP, FRANCIS N	52 NAME	
STREET ADDRESS	163 MATHEWSON RD	53 STREET ADDRESS	02806
CITY-ST-ZIP	BARRINGTON RI	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☒ Addition
NAME	STEWART, DAVID E	62 NAME	
STREET ADDRESS	593 HIGHLAND RD	63 STREET ADDRESS	02878
CITY-ST-ZIP	TIVERTON RI	64 CITY-ST-ZIP	

14. I 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)(i), 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: Edward S. Rogerson EDWARD S. ROGERSON 2/7/95 508-775-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0483810 FN