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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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 02745-1205

3. Date Incorporated or Qualified: 05/24/1977
3a. Date of Last Report: 03/27/1996

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

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

9. Name and Address of Current Registered Agent

DICKSON, ED
1043 ASHLEY AVE
INDIAN HARBOR BCH FL 32937

10. Name and Address of New Registered Agent

81 Name: DICKSON ED
82 Street Address (P.O. Box Number is Not Acceptable): 700 WAVECREST AVE
83
84 City: INDIALANTIC FL 85 Zip Code: 32903

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V BRIC A. BRAITMAYER 311 CONVERSE RD. MARION, MA 02738	☐ Change ☒ Addition
VD	SCHULER, CLARK S 646 MARRETT ROAD LEXINGTON MA	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V CHARLES I FARNHAM 118 ALFRED BROWNE BARRINGTON, RI 02906	☐ Change ☒ Addition
SD	ROGERSON, WILLIAM G. *103 PICKNEY ST* BOSTON MA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
T	ROGERSON, EDWARD S 231 RANDOLPH AVE MILTON MA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
VD	BISHOP, FRANCIS N 163 MATHEWSON RD BARRINGTON RI	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
V	STEWART, DAVID E 593 HIGHLAND RD TIVERTON RI	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 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 2/7/97 508-995-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001002