

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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
30 SAMUEL BARNET BLVD
NEW BEDFORD MA 02745

Mailing Address
30 SAMUEL BARNET BLVD
NEW BEDFORD MA 02745



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1977	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2137249	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent DICKSON, ED 700 WAVECREST AVE INDIALANTIC FL 32903		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 title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	CHAIRMAN OF THE BOARD
NAME	FARNHAM, WILLIAM H., JR.	1.2 NAME	
STREET ADDRESS	15 WEST RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARION MA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	BRAITMAYER, ERIC A	2.2 NAME	
STREET ADDRESS	311 CONVERSE RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARION MA	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	ROGERSON, WILLIAM G.	3.2 NAME	
STREET ADDRESS	103 PICKNEY ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	ROGERSON, EDWARD S	4.2 NAME	
STREET ADDRESS	231 RANDOLPH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	PRESIDENT
NAME	BISHOP, FRANCIS N	5.2 NAME	
STREET ADDRESS	183 MATHEWSON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	FARNHAM, CHARLES I	6.2 NAME	
STREET ADDRESS	118 ALFRED DROWNE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI	6.4 CITY-ST-ZIP	

14. 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 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

CR2E034 (10/97)