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Apr 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F93000000414 (3)  
1. Corporation Name  
ELECTRONIC BOOK TECHNOLOGIES, INC.



Principal Place of Business: ONE RICHMOND SQUARE, PROVIDENCE RI 02906, US  
Mailing Address: ONE RICHMOND SQUARE, PROVIDENCE RI 02906-5139, US

3. Date Incorporated or Qualified: 01/28/1993  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 05-0446838  
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 (21-23)  
2a. Mailing Address (26-28)  
24. Zip Country (25, 29, 30)

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85)  
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: \_\_\_\_\_  
Signatures 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	PTD REYNOLDS, LOUIS R 8 BACKSTAY ROAD JAMESTOWN RI 02835	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director & President 1.2 NAME Steven R. Vana-Paxhia 1.3 STREET ADDRESS 67 Mt. Vernon Street, Unit E 1.4 CITY-ST-ZIP Boston, MA 02108
TITLE	S GADSBY, EDWARD N JR 92 HIGH STREET BROOKLINE MA 02146	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Director & Vice President 2.2 NAME Kirby A. Mansfield 2.3 STREET ADDRESS 71B Sout <sup>h</sup> Road 2.4 CITY-ST-ZIP Pepperell, MA 01463
TITLE	T PICCOLO, RICHARD L 15 PONDVIEW AVE MEDFIELD MA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Director & Secretary 3.2 NAME Bruce G. Hill 3.3 STREET ADDRESS 103 Spy Pond Parkway 3.4 CITY-ST-ZIP Arlington, MA 02174
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE Treasurer 4.2 NAME Betty J. Savage 4.3 STREET ADDRESS 18 Smith Avenue 4.4 CITY-ST-ZIP Lexington, MA 02173
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE Vice President 5.2 NAME Scott Norder 5.3 STREET ADDRESS 7221 Orchard 5.4 CITY-ST-ZIP Downers Grove, IL 60516
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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 included 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: [Signature] 3/21/97 (617) 753-6500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)