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

Mailing Address

117 MARGINAL ST

2a. Mailing Address

26

LOWELL MA 01851-1255

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2. Principal Place of Business

117 MARGINAL ST LOWELL MA 01851

21



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1997 8:00am

Secretary of State

3a. Date of Last Report

Applied For

Not Applicable

05/01/1996

3. Date Incorporated or Qualified

07/20/1995

04-2629081

4. FEI Number

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9500003472 (6)

SULLIVAN BROS. PRINTERS, INC.

Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution 23 Žφ Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Country X Yes □ No 29 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Surplus we typico or printed rismic of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating (96/6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11TITLE RITE SULLIVAN, JOSEPH E CR2E034 1.2 NAME NAME 234 NESMITH ST 1.3 STREET ADDRESS STREET ADDRESS LOWELL MA 1.4 CITY-ST-ZIP CHY-ST-7P Change Addition DELETE 2.1 TITLE THE JOSEPH E. SULLIVAN III 2.2 NAME NAME RFD #1 BOX 132 2.3 STREET ADDRESS STREET ADORESS SWANZEY NH 2.4 CITY-ST-ZIP CITY-51-201 Change PTSD DELETE Addition Addition 3.1 TITLE PTSD DIFF SULLIVAN, ELLEN F NAME 3.2 NAME SULLIVAN, ELLEN F. 234 FAIRMONT ST 3.3 STREET ADDRESS 234 FAIRMOUNT STREET STREET ADDRESS LOWELL MA 3.4. CITY - \$1 - ZIP LOWELL, MA 01852 CITY -ST - Z-P Change Addition DELETE 4.1 TITLE THUE MARY ANNA SULLIVAN 4. 2 NAME NAME 1 SIMON ATHERTON RD STREET ADDRESS 4.3 STREET ADDRESS HARVARD MA 4.4 CITY-ST-ZIP CITY - \$1 - ZIP Addition DELETE 51 TITLE THEF 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHY-ST ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CBY-S1-7F 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