

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 19 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000579
1. Corporation Name
THE MARINE BIOLOGICAL LABORATORY, INC.

600002435846
-02/20/98--01014--008
***61.25

Principal Place of Business 7 MBL STREET	Mailing Address (SAME)
WOODS HOLE, MASSACHUSETTS	02543

3. Date Incorporated or Qualified FEBRUARY 4, 1997	
4. FEI Number 04-2104690	Applied For <input type="checkbox"/>
	Not Applicable <input checked="" type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
MOUNT VERNON SQUARE
TALLAHASSEE, FLORIDA 32303

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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

TITLE	C	<input type="checkbox"/> DELETE
NAME	Segal, Sheldon J Dr.	
STREET ADDRESS	One Dag Hammarskjold Plaza	
CITY-ST-ZIP	New York NY 10017	
TITLE	C	<input type="checkbox"/> DELETE
NAME	Bay, Frederick	
STREET ADDRESS	Nichols Rd. Landgrove	
CITY-ST-ZIP	Londonderry VT 05148	
TITLE	C	<input type="checkbox"/> DELETE
NAME	Paul, Josephine B	
STREET ADDRESS	Nichols Rd. Landgrove	
CITY-ST-ZIP	Londonderry VT 05148	
TITLE	C	<input type="checkbox"/> DELETE
NAME	Greer, Mary J	
STREET ADDRESS	16 Hillside Ave, Cambridge MA	
CITY-ST-ZIP	02140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Burriss, John E Dr.	
STREET ADDRESS	CandleHouse 3, Water St	
CITY-ST-ZIP	Woods Hole, MA 02543	
TITLE	C	<input type="checkbox"/> DELETE
NAME	Paul, C. Michael	
STREET ADDRESS	Nichols Rd. Landgrove	
CITY-ST-ZIP	Londonderry VT 05148	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

PS 2-19

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **2/6/98** **508 289-7690**
DATE Daytime Phone #

CP2E037 (10/97)