

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P22899** (9)

1. Corporation Name  
**CALIFORNIA PRODUCTS CORPORATION**

**FILED**  
**55 FEB -7 PM 1:50**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**169 WAVERLY STREET (021394246)**  
**P.O. BOX 569**  
**CAMBRIDGE MA 02139-7569**

3. Date Incorporated or Qualified **02/07/1989** 3a. Date of Last Report **03/15/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 **PO BOX 390569** 27 **PO BOX 390569**  
City & State City & State  
23 Zip Country 28 Zip Country  
24 **-0007** 25 29 **-0007** 30

4. FEI Number **04-1143100** 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**  
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City **FL** 05 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent Signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>JUNKIN, JOSEPH S.</b>
STREET ADDRESS	<b>209 MEADOWBROOK ROAD</b>
CITY- ST- ZIP	<b>WESTON MA</b>
TITLE	<b>STD</b>
NAME	<b>DEANGELIS, JOSEPH</b>
STREET ADDRESS	<b>25 APPLETON ROAD</b>
CITY- ST- ZIP	<b>WAKEFIELD MA</b>
TITLE	<b>VD</b>
NAME	<b>LOHR, DAVID G.</b>
STREET ADDRESS	<b>35 WALTZ WAY</b>
CITY- ST- ZIP	<b>CHEPACHET RI</b>
TITLE	<b>V</b>
NAME	<b>WOODHULL, ROGER W.</b>
STREET ADDRESS	<b>44 MACK HILL ROAD</b>
CITY- ST- ZIP	<b>AMHERST NH</b>
TITLE	<b>V</b>
NAME	<b>TUCKER, ARTHUR F.</b>
STREET ADDRESS	<b>39 ALDERBROOK DRIVE</b>
CITY- ST- ZIP	<b>TOPSFIELD MA</b>
TITLE	<b>V</b>
NAME	<b>CHILD, RONALD B.</b>
STREET ADDRESS	<b>28 OLDE FARMS ROAD</b>
CITY- ST- ZIP	<b>BOXFORD MA</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>ASST. TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MULLANE, JEREMIAH F</b>
1.3 STREET ADDRESS	<b>303 PARK AVE</b>
1.4 CITY- ST- ZIP	<b>ARLINGTON MA 02174</b>
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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Jeremiah F. Mullane* **Feb. 1, 1995** (617) 547-5300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jeremiah F. Mullane, Asst. Treasurer**