

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P22899 (9)**

**CALIFORNIA PRODUCTS CORPORATION**



Principal Place of Business: **169 WAVERLY STREET (021394246) PO BOX 390569 CAMBRIDGE MA 02139-7569 US**

Mailing Address: **169 WAVERLY STREET (021394246) PO BOX 390569 CAMBRIDGE MA 02139-0007 US**

3. Date Incorporated or Qualified <b>02/07/1989</b>	3a. Date of Last Report <b>02/07/1995</b>
4. FEI Number <b>04-1143180</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 607.09(2) and 607.1308, 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 607.09(3)(c), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	AT <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	MULLANE, JEREMIAH F.	2. NAME	
3. STREET ADDRESS	303 PARK AVE.	3. STREET ADDRESS	
4. CITY-STATE-ZIP	ARLINGTON MA	4. CITY-STATE-ZIP	
5. TITLE	STD <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	DEANGELIS, JOSEPH	6. NAME	
7. STREET ADDRESS	25 APPLETON ROAD	7. STREET ADDRESS	
8. CITY-STATE-ZIP	WAKEFIELD MA	8. CITY-STATE-ZIP	
9. TITLE	VD <input type="checkbox"/> DELETE	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	LOHR, DAVID G.	10. NAME	
11. STREET ADDRESS	35 WALTZ WAY	11. STREET ADDRESS	
12. CITY-STATE-ZIP	CHEPACHET RI	12. CITY-STATE-ZIP	
13. TITLE	V <input type="checkbox"/> DELETE	13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	WOODHULL, ROGER W.	14. NAME	
15. STREET ADDRESS	44 MACK HILL ROAD	15. STREET ADDRESS	
16. CITY-STATE-ZIP	AMHERST NH	16. CITY-STATE-ZIP	
17. TITLE	V <input type="checkbox"/> DELETE	17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	TUCKER, ARTHUR F.	18. NAME	
19. STREET ADDRESS	39 ALDERBROOK DRIVE	19. STREET ADDRESS	
20. CITY-STATE-ZIP	TOPSFIELD MA	20. CITY-STATE-ZIP	
21. TITLE	V <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	CHILD, RONALD B.	22. NAME	
23. STREET ADDRESS	28 OLDE FARMS ROAD	23. STREET ADDRESS	
24. CITY-STATE-ZIP	BOXFORD MA	24. CITY-STATE-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 119.07(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* Jeremiah F. Mullane Asst. Treasurer 2/07/96 (617) 547-5300 EXT-274  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)