

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

**FILED**

**Feb 18 1997 8:00am  
Secretary of State**

• PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P22899**  
 1. Corporation Name  
**CALIFORNIA PRODUCTS CORPORATION**

Principal Place of Business <b>169 WAVERLY ST CAMBRIDGE MA 02139</b>	Mailing Address <b>PO BOX 390569 CAMBRIDGE MA 02139-0007</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>02/07/89</b>	3a. Date of Last Report <b>02/07/96</b>
21	26	4. FEI Number <b>04-1143180</b>	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt # etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 Zip	30 Country
24	25	29	30

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH 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 **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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AT MULLANE, JEREMIAH F.</b>	1.2 NAME	
STREET ADDRESS	<b>303 PARK AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARLINGTON MA 02174</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STD DEANGELIS, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>85 APPLETON ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WAKEFIELD MA 01880</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD LOHR, DAVID G.</b>	3.2 NAME	
STREET ADDRESS	<b>35 WALT'S WAY</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHEPACHET RI 02814</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD JUNKIN, JOSEPH S.</b>	4.2 NAME	
STREET ADDRESS	<b>209 MEADOWBROOK ROAD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WESTON MA 02193</b>	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V WOODHULL, ROGER W.</b>	5.2 NAME	
STREET ADDRESS	<b>44 MACK HILL ROAD</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>AMHERST NH 03031</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V TUCKER, ARTHUR F.</b>	6.2 NAME	
STREET ADDRESS	<b>39 ALDERBROOK DRIVE</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TOPSFIELD MA 01983</b>	6.4 CITY - ST - ZIP	

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeremiah F. Mullane **JEREMIAH F MULLANE** 2/11/97 (617) 547-5300 X-274

CR2E034 (9/96)