

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

**FILED**  
**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90031 040 \*\*\*150.00

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PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P22899**

1. Corporation Name  
**CALIFORNIA PRODUCTS CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 169 WAVERLY STREET  
 CAMBRIDGE MA 02139  
 US

Mailing Address  
 PO BOX 390569  
 CAMBRIDGE MA 02139-0007  
 US

3. Date Incorporated or Qualified  
**02/07/1989**

4. FEI Number  
**04-1143180**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country  
 29 30

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 **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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	MULLANE, JEREMIAH F.	
STREET ADDRESS	303 PARK AVE.	
CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DEANGELIS, JOSEPH	
STREET ADDRESS	25 APPLETON ROAD	
CITY-ST-ZIP	WAKEFIELD MA 01880	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LOHR, DAVID G.	
STREET ADDRESS	35 WALTZ WAY	
CITY-ST-ZIP	CHEPACHET RI 02814	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WOODHULL, ROGER W.	
STREET ADDRESS	44 MACK HILL ROAD	
CITY-ST-ZIP	AMHERST NH 03031	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TUCKER, ARTHUR F.	
STREET ADDRESS	39 ALDERBROOK DRIVE	
CITY-ST-ZIP	TOPSFIELD MA 01983	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHILD, RONALD B.	
STREET ADDRESS	28 OLDE FARMS ROAD	
CITY-ST-ZIP	BOXFORD MA	

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	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeremiah F. Mullane* **Jeremiah F. Mullane** 3/02/99 (617)547-5300 x-274  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)