

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90008 045 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P22899

1. Entity Name
CALIFORNIA PRODUCTS CORPORATION

Principal Place of Business Mailing Address

169 WAVERLY STREET PO BOX 390569
 CAMBRIDGE MA 02139 CAMBRIDGE MA 02139-0007
 US US

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **04-1143180** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT MULLANE, JEREMIAH F.	NAME	
STREET ADDRESS	303 PARK AVE.	STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON MA 02174	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STD DEANGELIS, JOSEPH	NAME	
STREET ADDRESS	25 APPLETON ROAD	STREET ADDRESS	
CITY-ST-ZIP	WAKEFIELD MA 01880	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD LOHR, DAVID G.	NAME	
STREET ADDRESS	35 WALTZ WAY	STREET ADDRESS	
CITY-ST-ZIP	CHEPACHET RI 02814	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V WOODHULL, ROGER W.	NAME	
STREET ADDRESS	44 MACK HILL ROAD	STREET ADDRESS	
CITY-ST-ZIP	AMHERST NH 03031	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V TUCKER, ARTHUR F.	NAME	
STREET ADDRESS	39 ALDERBROOK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TOPSFIELD MA 01983	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V CHILD, RONALD B.	NAME	
STREET ADDRESS	28 OLDE FARMS ROAD	STREET ADDRESS	
CITY-ST-ZIP	BOXFORD MA	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeremiah F. Mullane Jeremiah F. Mullane 2/16/00 (617) 547-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)