

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-25-2000 90008 045 ***150.00

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



DO NOT WRITE IN THIS SPACE

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

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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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)