

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32075** (4)

1. Corporation Name
N.H. BETTIGOLE CO., INC.



Principal Place of Business: **1 UNIVERSITY PLAZA HACKENSACK NJ 07601**
Mailing Address: **C/O TAX DEPARTMENT 81 WYMAN STREET WALTHAM MA 02254**

3. Date Incorporated or Qualified: **12/12/1990** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **52-1633266** Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24, 25
2a. Mailing Address: 26, 27, 28, 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 re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AGHABABIAN, ROBERT V.	1.2 NAME	
STREET ADDRESS	81 WYMAN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEPHILLIPS, FRED C.	2.2 NAME	
STREET ADDRESS	ONE UNIVERSITY PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT H. BUSEK	3.2 NAME	
STREET ADDRESS	ONE UNIVERSITY PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	HACKENSACK NJ	3.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL F. KELLEHER	4.2 NAME	
STREET ADDRESS	81 WYMAN ST.	4.3 STREET ADDRESS	10000181525.1
CITY-ST-ZIP	WALTHAM MA 02254	4.4 CITY-ST-ZIP	-05/09/96--01079--015
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAINTER, JONATHAN W	5.2 NAME	
STREET ADDRESS	81 WYMAN ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA 02254	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBERT, SANDRA L.	6.2 NAME	
STREET ADDRESS	81 WYMAN ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	6.4 CITY-ST-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; 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 from an attachment with an address.

SIGNATURE: *Robert V. Aghababian* Robert V. Aghababian 4/30/96 (617) 622-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)