

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

**CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JAN 25 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32795 (7)
1. Corporation Name
THE MIDDLESEX CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address
PO BOX 50 PO BOX 50
N. BILLERICA MA 01862 N. BILLERICA MA 01862
US US

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
02/12/1991 02/02/1994
4. FEI Number Applied For
04-2534615 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

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City FL B5 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 _____ DATE _____
Signature, hand or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREIRA, ROBERT W.	1.2 NAME	
STREET ADDRESS	1107 MAIN ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNSTABLE MA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKERRETT, DAVID K.	2.2 NAME	
STREET ADDRESS	1143 MAIN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNSTABLE MA	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APONAS, ALFRED A.	3.2 NAME	
STREET ADDRESS	27 WILLOW RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HARVARD MA	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGHEL, DONALD G.	4.2 NAME	
STREET ADDRESS	1 KYLEMORE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFORD MA	4.4 CITY-ST-ZIP	
TITLE	TV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROCHE, PAUL L.	5.2 NAME	
STREET ADDRESS	141 MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WESTFORD MA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 110.07(3)(b), Florida Statutes. I further certify that the information included on this report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in ink only; that I am an officer or director of the corporation or the manager 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 attached list with an address.

SIGNATURE _____ DATE 1/18/95
Signature, hand typed on printed name of signing officer or director. (NOTE: Registered Agent signature required when registering)