

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32795** (7)

1. Corporation Name
THE MIDDLESEX CORPORATION



Principal Place of Business

PO BOX 50
N. BILLERICA MA 01862
US

Mailing Address

PO BOX 50
N. BILLERICA MA 01862
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

02/12/1991

3a. Date of Last Report

01/25/1995

4. FEI Number

04-2534615

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

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 607.06(2) and 607.16(4), 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 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12.1 OFF	PD PEREIRA, ROBERT W. 1107 MAIN ST. DUNSTABLE MA	<input type="checkbox"/> DELETE
12.2 OFF	VD SKERRETT, DAVID K. 1143 MAIN ST. DUNSTABLE MA	<input type="checkbox"/> DELETE
12.3 OFF	V APONAS, ALFRED A. 27 WILLOW RD. HARVARD MA	<input type="checkbox"/> DELETE
12.4 OFF	VD VOGHEL, DONALD G. 1 KYLEMORE DR. WESTFORD MA	<input checked="" type="checkbox"/> DELETE
12.5 OFF	TV DEROCHE, PAUL L. 141 MAIN ST. WESTFORD MA	<input type="checkbox"/> DELETE
12.6 OFF		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95

13.1 OFF	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 OFF	Robert W. Pereira	
13.3 OFF	197 Spyglass Court	
13.4 OFF	Jupiter, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 OFF	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 OFF	Alfred S. Aponas	
13.7 OFF	18 So. Shaker Road	
13.8 OFF	Harvard, MA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.9 OFF		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 OFF		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 OFF		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.12 OFF		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.13 OFF		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 OFF		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied by this filing is true, valid and correct, and does not qualify for the exemption stated in Section 119.07(6)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. This form is effective as of the date of filing. I am an officer or director of the corporation or trustee, partner or officer of a partnership or trustee of a trust, and my name appears in Block 12 or Block 13 of this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 13 of this report as required by Chapter 607, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Paul L. DeRoche, V.P. Finance

January 17, 1996 (508)256-6534

CR2E034 (12/95)