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Jan 27 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 01862-0050 US

3. Date Incorporated or Qualified: 02/12/1991
3a. Date of Last Report: 01/24/1996
4. FEI Number: 04-2534615
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 State, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 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
85 Zip Code: FL

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE: PD NAME: PEREIRA, ROBERT W. STREET ADDRESS: 197 SPYGLASS COURT CITY-ST-ZIP: JUPITER FL	<input type="checkbox"/> DELETE
TITLE: VD NAME: SKERRETT, DAVID K. STREET ADDRESS: 1143 MAIN ST. CITY-ST-ZIP: DUNSTABLE MA	<input type="checkbox"/> DELETE
TITLE: VP NAME: APONAS, ALFRED A. STREET ADDRESS: 18 SOUTH SHAKER ROAD CITY-ST-ZIP: HARVARD MA	<input type="checkbox"/> DELETE
TITLE: TV NAME: DEROCHE, PAUL L. STREET ADDRESS: 141 MAIN ST. CITY-ST-ZIP: WESTFORD MA	<input checked="" type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: Secretary 1.2 NAME: John W. Folcarelli 1.3 STREET ADDRESS: 561 Pleasant St 1.4 CITY-ST-ZIP: Milton MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE: Treasurer/Vice President 2.2 NAME: Robert N. Jacobson 2.3 STREET ADDRESS: 99 Cranberry Circle 2.4 CITY-ST-ZIP: Sudbury MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE: Vice President / Director 3.2 NAME: Aponas, Alfred S. 3.3 STREET ADDRESS: 18 South Shaker Road 3.4 CITY-ST-ZIP: Harvard MA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE: Vice President 4.2 NAME: Robert L. Mabardy 4.3 STREET ADDRESS: 10 Pearl St 4.4 CITY-ST-ZIP: Lexington, MA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE: _____ 5.2 NAME: _____ 5.3 STREET ADDRESS: _____ 5.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE: _____ 6.2 NAME: _____ 6.3 STREET ADDRESS: _____ 6.4 CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 or 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, on an attachment with an address.

SIGNATURE: Robert N. Jacobson, Treasurer
DATE: 1/20/97
DAYTIME PHONE: 508-256-6534

CR2E034 (9/96)