

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Jan 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite. Apt. #, etc. 22 City & State 23 Zip		2a. Mailing Address 26 Suite. Apt. #, etc. 27 City & State 28 Zip		3. Date Incorporated or Qualified <b>02/12/1991</b>	
4. FEI Number <b>04-2534615</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM                  1200 S. PINE ISLAND ROAD                  PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <b>PEREIRA, ROBERT W.</b> <b>197 SPYGLASS COURT</b> <b>JUPITER FL</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>Robert W. Pereira</b> 1.3 STREET ADDRESS <b>197 Spyglass Court</b> 1.4 CITY-ST-ZIP <b>Jupiter, FL</b>
TITLE	<b>VD</b> <b>SKERRETT, DAVID K.</b> <b>1143 MAIN ST.</b> <b>DUNSTABLE MA</b>	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE	<b>VP</b> <b>APONAS, ALFRED A.</b> <b>18 SOUTH SHAKER ROAD</b> <b>HARVARD MA</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>President/Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>Alfred S. Aponas</b> 3.3 STREET ADDRESS <b>18 South Shaker Road</b> 3.4 CITY-ST-ZIP <b>Harvard, MA</b>
TITLE	<b>TV</b> <b>JACOBSON, ROBERT N</b> <b>99 CRANBERRY CIRCLE</b> <b>SUDBURY MA</b>	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	<b>S</b> <b>FOLCARELLI, JOHN W</b> <b>561 PLEASANT ST</b> <b>MILTON FL</b>	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE	<b>VP</b> <b>MABARDY, ROBERT L</b> <b>10 PEARL ST</b> <b>LEXINGTON MA</b>	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, or on an attachment with an address.

SIGNATURE: *Robert W. Pereira* **REQUIRED** 1/14/98 978-256-6534

CR2E034 (10/97)