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Feb 22, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32795
 1. Corporation Name
THE MIDDLESEX CORPORATION



Principal Place of Business ONE SPECTACLE POND ROAD LITTLETON MA 01460 US	Mailing Address ONE SPECTACLE POND ROAD LITTLETON MA 01460 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/12/1991

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number 04-2534615	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	D	
NAME	PEREIRA, ROBERT W.	
STREET ADDRESS	197 SPYGLASS COURT	
CITY-ST-ZIP	JUPITER FL	
TITLE	VD	
NAME	SKERRETT, DAVID K.	
STREET ADDRESS	1143 MAIN ST.	
CITY-ST-ZIP	DUNSTABLE MA	
TITLE	PD	
NAME	APONAS, ALFRED A.	
STREET ADDRESS	18 SOUTH SHAKER ROAD	
CITY-ST-ZIP	HARVARD MA	
TITLE	TV	
NAME	JACOBSON, ROBERT N	
STREET ADDRESS	99 CRANBERRY CIRCLE	
CITY-ST-ZIP	SUDBURY MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	FOLCARELLI, JOHN W	
STREET ADDRESS	561 PLEASANT ST	
CITY-ST-ZIP	MILTON FL	
TITLE	VP	
NAME	MABARDY, ROBERT L	
STREET ADDRESS	10 PEARL ST	
CITY-ST-ZIP	LEXINGTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME	Secretary		<input checked="" type="checkbox"/> Addition
5.3 STREET ADDRESS	Mabardy Robert L.		
5.4 CITY-ST-ZIP	10 Pearl St.		
5.4 CITY-ST-ZIP	Lexington MA		
6.1 TITLE			
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, with all other like empowered.

SIGNATURE: Robert N. Jacobson, Treas 1/8/99 978-742-4400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)