2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32795

FILED
Feb 28, 2000 8:00 am
Secretary of State
02-28-2000 90075 045 ***150.00

1. Entity Name

THE MIDDLESEX CORPORATION

Principal Place of Business	Mailing Address
ONE SPECTACLE POND ROAD LITTLETON MA 01460 US	ONE SPECTACLE POND ROAD LITTLETON MA 01460-1110 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip: 01460-1110	Country:	Zip:	Country:

4. FEI Number: 04-2534615 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PEREIRA, ROBERT W. 197 SPYGLASS COURT JUPITER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO/D 33477	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SKERRETT, DAVID K. 1143 MAIN ST. DUNSTABLE MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V 01827	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD APONAS, ALFRED A. 18 SOUTH SHAKER ROAD HARVARD MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	 18-A South Shaker Road 01451	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TV JACOBSON, ROBERT N 99 CRANBERRY CIRCLE SUDBURY MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/D/Asst. Clerk 01776	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MABARDY, ROBERT L 10 PEARL ST. LEXINGTON MA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D/Clerk 02173	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MABARDY, ROBERT L 10 PEARL ST LEXINGTON MA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Robert N. Jacobson 2/16/00 (978) 742-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)