

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P32795	
1. Entity 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



02072005 No Cfig-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2534615	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PEREIRA, ROBERT W 425 BEACH ROAD TEQUESTA, FL 33469
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P APONAS, ALFRED S 18-A SOUTH SHAKER RD HARVARD, MA 01451
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MABARDY, ROBERT 10 PEARL ST LEXINGTON, MA 02173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JACOBSON, ROBERT N 99 CRANBERRY CIRCLE SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SKERRETT, DAVID K 1143 MAIN ST DUNSTABLE, MA 01827
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERE IRA, ROBERT W II 184 DUCK POND RD GROTON, MA 01450

100000278334
03/28/05-90021-011 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-05

Date

Daytime Phone # _____