


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P32795 1. Entity Name THE MIDDLESEX CORPORATION	
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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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01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-2534615	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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, 2007 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	CEOD PEREIRA, ROBERT W 102 N.E. 2ND STREET, #555 BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD APONAS, ALFRED S 40 GROUSE HOLLOW ROAD MEREDITH, NH 03253
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EVPD MABARDY, ROBERT 10 PEARL ST LEXINGTON, MA 02173
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD JACOBSON, ROBERT N 99 CRANBERRY CIRCLE SUDBURY, MA 01776
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SKERRETT, DAVID K 1143 MAIN ST DUNSTABLE, MA 01827
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEREIRA, ROBERT W II 9325 TIBET POINTE CIRCLE WINDERMERE, FL 34786

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02/01/07-80007-010 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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
ROBERT N. JACOBSON

1/28/07 978-742-4400
Date Daytime Phone #