

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32795

FILED
Feb 17, 2010
Secretary of State

Entity Name: THE MIDDLESEX CORPORATION

Current Principal Place of Business:

ONE SPECTACLE POND ROAD
LITTLETON, MA 01460 US

New Principal Place of Business:

Current Mailing Address:

ONE SPECTACLE POND ROAD
LITTLETON, MA 01460 US

New Mailing Address:

FEI Number: 04-2534615 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO
Name: PEREIRA, ROBERT W
Address: 10801 COSMONAUT BOULEVARD
City-St-Zip: ORLANDO, FL 32824 US

Title: PD
Name: APONAS, ALFRED S
Address: 10801 COSMONAUT BOULEVARD
City-St-Zip: ORLANDO, FL 32824 US

Title: PD
Name: MABARDY, ROBERT
Address: ONE SPECTACLE POND ROAD
City-St-Zip: LITTLETON, MA 01460 US

Title: SVPD
Name: JACOBSON, ROBERT N
Address: ONE SPECTACLE POND ROAD
City-St-Zip: LITTLETON, MA 01460 US

Title: SVP
Name: SKERRETT, DAVID K
Address: ONE SPECTACLE POND ROAD
City-St-Zip: LITTLETON, MA 01460 US

Title: P
Name: PEREIRA, ROBERT W II
Address: 10801 COSMONAUT BOULEVARD
City-St-Zip: ORLANDO, FL 32824 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT N. JACOBSON

SVPD

02/17/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date

Jun. 23. 2010 10:46AM

No. 2541 P. 2

P32795

fld 2/17/10

Phyllis Jennings

From: Phyllis Jennings
Sent: Friday, June 18, 2010 12:37 PM
To: 'corphelp@dos.state.fl.us'
Subject: Document Number: P32795

Please add to our Officer/Director Name And Address:

Name And Address #7

Title Sr. V.P. Estimating
Name (Last, First, Middle) Socci, David, P.
Street Address One Spectacle Pond Road
City, State Littleton, MA
Zip Code & Country 01460 US

Name And Address #8

Title V.P. Construction Operations
Name (Last, First, Middle) Cavatorta, John, P.
Street Address One Spectacle Pond Road
City, State Littleton, MA
Zip Code & Country 01460 US

If you have any questions, please contact me.

Thank you and have a great day.

Phyllis Jennings
Senior Accounts Payable Technician
One Spectacle Pond Road
Littleton, MA 01460
978.742.4400 x1214
978.742.4459 (fax)
pljennings@middlesex.com



www.middlesex.com

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