

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90135 012 \*\*\*150.00

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**



2. Principal Place of Business  
**One Spectacle Pond Rd.**  
Suite, Apt. #, etc.

3. Mailing Address  
**One Spectacle Pond Rd.**  
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Littleton MA**

City & State  
**Littleton MA**

4. FEI Number **04-2534615**

Applied For  
 Not Applicable

Zip Country  
**01460 USA**

Zip Country  
**01460 USA**

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

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V.P. Estimating<br/>David P. Succi<br/>12 Annabel Lane<br/>Franklin MA 02038</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>V.A. Connecticut Region<br/>Donald J. Petrie<br/>25 White Oak Drive<br/>Harwinton CT 06791</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Asst. Clerk<br/>Michael J. Mancuso<br/>1102 Linmar Avenue<br/>Fruitland Park FL 34731</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: **Robert W Pereira, VP**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-03  
Date  
(978)  
742-4400  
Daytime Phone #

CR2E034 (10/02)