FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35820** **(0)**

1. Corporation Name
C.P. CLARE CORPORATION

Principal Place of Business	Mailing Address
601B CAMPUS DR ARLINGTON HEIGHTS IL 60004 US	601B CAMPUS DRIVE ARLINGTON HEIGHTS IL 60004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 430 Bedford St	26 430 Bedford St.
Suite, Apt. #, etc 22	Suite, Apt. # etc 27
City & State 23 Lexington, MA	City & State 28 Lexington, MA
Zip / Country 24 02173-1548 / 25 USA	Zip / Country 29 02173-1548 / 30 USA

4. FEI Number: 04-2564171 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	KARIOTIS, ANDREW S.	12 NAME	
STREET ADDRESS	~~107 AUDUBON ROAD~~ 430 Bedford St	13 STREET ADDRESS	
CITY-ST-ZIP	~~WAKEFIELD MA~~ Lexington, MA	14 CITY ST ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	BUCKLAND, ART	22 NAME	
STREET ADDRESS	~~107 AUDUBON ROAD~~ 430 Bedford st	23 STREET ADDRESS	
CITY-ST-ZIP	~~WAKEFIELD MA~~ Lexington, MA	24 CITY ST ZIP	
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	~~HENNING, DAVID~~ Hughes, Don	32 NAME	
STREET ADDRESS	~~3101 WEST PRATT AVE.~~ 16 W Madison St	33 STREET ADDRESS	
CITY-ST-ZIP	~~CHICAGO IL~~ Baltimore, MD	34 CITY ST ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	~~WISSEN, JEFFREY M.~~	42 NAME	
STREET ADDRESS	~~601B CAMPUS DRIVE~~	43 STREET ADDRESS	
CITY-ST-ZIP	~~ARLINGTON HEIGHTS IL~~	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	TURNER, JOHN	52 NAME	
STREET ADDRESS	~~107 AUDUBON ROAD~~ 45 Milk St.	53 STREET ADDRESS	
CITY ST ZIP	~~WAKEFIELD MA~~ Boston, MA	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	RILEY, DONALD	62 NAME	
STREET ADDRESS	600 LONG RIDGE ROAD	63 STREET ADDRESS	
CITY ST ZIP	STAMFORD CT	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addition.

SIGNATURE: _____ 17 Mar. 1995 (617) 863-8700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0467908 FP