

*** FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Jun 24 1996 8:00 am
Secretary of State

DOCUMENT # P35820 (0)

1. Corporation Name
C.P. CLARE CORPORATION



Principal Place of Business: 430 BEDFORD ST, LEXINGTON MA 02173-1548 US
Mailing Address: 430 BEDFORD ST, 430 BEDFORD STREET, LEXINGTON MA 02173-1548 US

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 05/01/1995
4. FEI Number: 04-2564171
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYES STREET, SUITE 105, TALLAHASSEE FL 32301
10. Name and Address of New Registered Agent (81-85)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CD	NAME: KARIOTIS, ANDREW S.	11 TITLE: CD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 430 BEDFORD ST	CITY-ST-ZIP: WAKEFIELD MA	12 NAME: Buckland, Art	13 STREET ADDRESS: 430 Bedford St.
TITLE: PD	NAME: BUCKLAND, ART	14 CITY-ST-ZIP: Lexington, MA	21 TITLE: PD
STREET ADDRESS: 430 BEDFORD ST	CITY-ST-ZIP: WAKEFIELD MA	22 NAME: Hindle, Winston	23 STREET ADDRESS: 17 Musterfield Rd.
TITLE: T	NAME: HUGHES, DON	24 CITY-ST-ZIP: Concord, MA	31 TITLE:
STREET ADDRESS: 16 W MADISON ST	CITY-ST-ZIP: BALTIMORE MD	32 NAME:	33 STREET ADDRESS:
TITLE: C	NAME: WISSEN, JEFFREY M.	34 CITY-ST-ZIP:	41 TITLE: C
STREET ADDRESS: 601B CAMPUS DRIVE	CITY-ST-ZIP: ARLINGTON HEIGHTS IL	42 NAME: Sims, James	43 STREET ADDRESS: 304 Vassar St.
TITLE: D	NAME: TURNER, JOHN	44 CITY-ST-ZIP: Cambridge, MA	51 TITLE:
STREET ADDRESS: 45 MILK ST	CITY-ST-ZIP: BOSTON MA	52 NAME:	53 STREET ADDRESS:
TITLE: D	NAME: RILEY, DONALD	54 CITY-ST-ZIP:	61 TITLE: D
STREET ADDRESS: 800 LONG RIDGE ROAD	CITY-ST-ZIP: STAMFORD CT	62 NAME: Tiampo, Clem	63 STREET ADDRESS: 130 Mount Auburn St.
		64 CITY-ST-ZIP: Cambridge, MA 02138	

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)(k), 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 or changed, or in an attachment with an address.

SIGNATURE: DATE: 5-3-96 DAY/DATE PHONE: (617) 863-8700

CR2E034 (12/95)