

**\* 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** 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

2. Principal Place of Business: 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip 24 [ ] Country 25 [ ]  
2a. Mailing Address: 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip 29 [ ] Country 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 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 607.1508, 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: [Signature] DATE: [ ]

**12. OFFICERS AND DIRECTORS**

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KARIOTIS, ANDREW S.	
STREET ADDRESS	430 BEDFORD ST	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BUCKLAND, ART	
STREET ADDRESS	430 BEDFORD ST	
CITY-ST-ZIP	WAKEFIELD MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HUGHES, DON	
STREET ADDRESS	16 W MADISON ST	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	WISSEN, JEFFREY M.	
STREET ADDRESS	601B CAMPUS DRIVE	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TURNER, JOHN	
STREET ADDRESS	45 MILK ST	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RILEY, DONALD	
STREET ADDRESS	800 LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CT	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Buckland, Art	
13 STREET ADDRESS	430 Bedford St.	
14 CITY-ST-ZIP	Lexington, MA	
21 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Hindle, Winston	
23 STREET ADDRESS	17 Musterfield Rd.	
24 CITY-ST-ZIP	Concord, MA	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Sims, James	
43 STREET ADDRESS	304 Vassar St.	
44 CITY-ST-ZIP	Cambridge, MA	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E034 (12/95)