

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jul 30 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # P35820 (0)**  
 1. Corporation Name  
**C.P. CLARE CORPORATION**



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

3. Date Incorporated or Qualified **10/08/1991** 3a. Date of Last Report **06/24/1996**

2. Principal Place of Business 2a. Mailing Address  
 21 **78 Cherry Hill Drive** 26 **78 Cherry Hill Drive**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number **04-2564171** Applied For Not Applicable

22 City & State **Beverly Ma** 27 City & State **Beverly Ma**

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip **01915** Country **USA** 28 Zip **01915** Country **USA**

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

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

12. OFFICERS AND DIRECTORS		
TITLE	<b>CD BUCKLAND, ART</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>430 BEDFORD ST LEXINGTON MA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>PD BUCKLAND, ART</b>	<input type="checkbox"/> DELETE
NAME	<b>430 BEDFORD ST WAKEFIELD MA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>T HUGHES, DON</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>16 W MADISON ST BALTIMORE MD</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>C SIMS, JAMES</b>	<input type="checkbox"/> DELETE
NAME	<b>304 VASSAR ST CAMBRIDGE MA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D TURNER, JOHN</b>	<input type="checkbox"/> DELETE
NAME	<b>45 MILK ST BOSTON MA</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D TIAMPO, CLEM</b>	<input type="checkbox"/> DELETE
NAME	<b>130 MOUNT ARBURN ST CAMBRIDGE MA</b>	
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>PCD Buckland, Arthur</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>78 Cherry Hill Drive</b>	
2.3 STREET ADDRESS	<b>Beverly, MA 01915</b>	
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>D Winston Hindle</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>17 Musterfield Road</b>	
3.3 STREET ADDRESS	<b>Concord, Ma 01742</b>	
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	<b>130 Mount Arbun St, Apartment 204</b>	
6.4 CITY-ST-ZIP		

14. I do 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 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 address.

SIGNATURE: *[Signature]*

5/2/97

CR2E034 (9/96)