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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JUN 17 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P35820

1. Corporation Name
C.P. CLARE CORPORATION

Principal Place of Business Mailing Address
78 CHERRY HILL DR BEVERLY MA 01915 US
78 CHERRY HILL DR BEVERLY MA 01915 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 4. FEI Number
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 10/08/1991
22 City & State 27 City & State 04-2561471
23 Zip Country 28 Zip Country 6. Certificate of Status Desired \$8.75 Additional Fee Required
24 Zip Country 29 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM, INC. CST
1201 HAYES STREET HAYS 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 607.1508, 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 607.0503, Florida Statutes.
SIGNATURE Suzanne Ryan, Esq. V.P. DATE 6-4-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKLAND, ARTHUR	1.2 NAME	
STREET ADDRESS	78 CHERRY HILL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY MA	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINSTON, HINDLE	2.2 NAME	
STREET ADDRESS	17 MUSTERFIELD RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMS, JAMES	3.2 NAME	
STREET ADDRESS	304 VASSAR ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JOHN	4.2 NAME	
STREET ADDRESS	45 MILK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIAMPO, CLEM	5.2 NAME	
STREET ADDRESS	130 MOUNT AUBURN ST APT 204	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached List	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: [Signature] DATE: 4/20/99 (978) 524-6700

CR2E034 (1/798)