

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 02 1998 8:00am
Secretary of State

DOCUMENT # **P41100**

(9)

1. Corporation Name

REED AND BARTON CORPORATION



Principal Place of Business

**144 WEST BRITANNIA ST.
TAUNTON MA 02780**

Mailing Address

**144 WEST BRITANNIA ST.
TAUNTON MA 02780**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/20/1992

4. FEI Number

04-1763310

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DC** ☐ DELETE

NAME **WEEKS, SINCLAIR, JR.**
STREET ADDRESS **1000 WINTER STREET**
CITY-ST-ZIP **WALTHAM MA**

TITLE **DP** ☐ DELETE

NAME **KREBEL, ALBERT D.**
STREET ADDRESS **144 WEST BRITANNIA ST.**
CITY-ST-ZIP **TAUNTON MA**

TITLE **D** ☒ DELETE

NAME **DYKSTRA, WILLIAM H.**
STREET ADDRESS **346 TREMONT ST**
CITY-ST-ZIP **BRAINTREE MA 02184**

TITLE **DVC** ☐ DELETE

NAME **GIFFORD, NELSON S.**
STREET ADDRESS **75 FEDERAL ST**
CITY-ST-ZIP **BOSTON MA 02110**

TITLE **DVP** ☐ DELETE

NAME **TERRY, CHARLES P**
STREET ADDRESS **66 WALKER ST**
CITY-ST-ZIP **NO DIGHTON MA**

TITLE **D** ☐ DELETE

NAME **SILK, ALVIN J.**
STREET ADDRESS **317 TAPPAN ST.**
CITY-ST-ZIP **BROOKLINE MA**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Weeks, William D.
130 Border Street
Cohasset, MA 02025

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE *Charles P. Terry* **CHARLES P. TERRY**

8/24/98 (508) 824-6611

CR2E034 (5/98)