

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).

FILED

Sep 02 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

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

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip
 29 Country

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 Trust Fund Contribution: \$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
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DC	WEEKS, SINCLAIR, JR. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WEEKS, SINCLAIR, JR.		1.2 NAME	
STREET ADDRESS: 1000 WINTER STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP: WALTHAM MA		1.4 CITY-ST-ZIP	
TITLE: DP	KREBEL, ALBERT D. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KREBEL, ALBERT D.		2.2 NAME	
STREET ADDRESS: 144 WEST BRITANNIA ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP: TAUNTON MA		2.4 CITY-ST-ZIP	
TITLE: D	DYKSTRA, WILLIAM H. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: DYKSTRA, WILLIAM H.		3.2 NAME: Weeks, William D.	
STREET ADDRESS: 346 TREMONT ST		3.3 STREET ADDRESS: 130 Border Street	
CITY-ST-ZIP: BRAINTREE MA 02184		3.4 CITY-ST-ZIP: Cohasset, MA 02025	
TITLE: DVC	GIFFORD, NELSON S. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GIFFORD, NELSON S.		4.2 NAME	
STREET ADDRESS: 75 FEDERAL ST		4.3 STREET ADDRESS	
CITY-ST-ZIP: BOSTON MA 02110		4.4 CITY-ST-ZIP	
TITLE: DVP	TERRY, CHARLES P. <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TERRY, CHARLES P.		5.2 NAME	
STREET ADDRESS: 66 WALKER ST		5.3 STREET ADDRESS	
CITY-ST-ZIP: NO DIGHTON MA		5.4 CITY-ST-ZIP	
TITLE: D	SILK, ALVIN J. <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SILK, ALVIN J.		6.2 NAME	
STREET ADDRESS: 317 TAPPAN ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP: BROOKLINE MA		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 _____ DATE: 8/24/98 (508) 824-6611

CR2E034 (5/98)