


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

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P41100
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**

FILED

MAY 17 PM 2:36

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-1763310	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	11 TITLE	
NAME	WEEKS, SINCLAIR, JR.	12 NAME	
STREET ADDRESS	1000 WINTER STREET	13 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	
NAME	KREBEL, ALBERT D.	22 NAME	
STREET ADDRESS	144 WEST BRITANNIA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAUNTON MA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	
NAME	WEEKS, WILLIAM D	32 NAME	
STREET ADDRESS	130 BORDER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	COHASSET MA 02025	34 CITY-ST-ZIP	
TITLE	DVC	41 TITLE	
NAME	GIFFORD, NELSON S.	42 NAME	
STREET ADDRESS	75 FEDERAL ST	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	44 CITY-ST-ZIP	
TITLE	DVP	51 TITLE	
NAME	TERRY, CHARLES P	52 NAME	
STREET ADDRESS	66 WALKER ST	53 STREET ADDRESS	
CITY-ST-ZIP	NO DIGHTON MA	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	
NAME	SILK, ALVIN J.	62 NAME	
STREET ADDRESS	317 TAPPAN ST.	63 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA	64 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: Charles P. Terry **CHARLES P. TERRY** 4-27-99 508-824-6611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)