FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # P22899 (9)

1. Corporation Name
CALIFORNIA PRODUCTS CORPORATION

FILED
95 FEB -7 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
169 WAVERLY STREET (021394246) P.O. BOX ~~569~~ CAMBRIDGE MA 02139-~~7569~~	169 WAVERLY STREET (021394246) P.O. BOX ~~609~~ CAMBRIDGE MA 02139-~~7569~~

3. Date Incorporated or Qualified: 02/07/1989
3a. Date of Last Report: 03/15/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 PO BOX 390569	Suite, Apt. #, etc. 27 PO BOX 390569
City & State 23	City & State 28
Zip / Country 24 -0007 25	Zip / Country 29 -0007 30

4. FEI Number: 04-1143180 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when mail-in filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	ASST. TREASURER	☐ Change ☑ Addition
NAME	JUNKIN, JOSEPH S.	1.2 NAME	MULLANE, JEREMIAH F	
STREET ADDRESS	209 MEADOWBROOK ROAD	1.3 STREET ADDRESS	303 PARK AVE	
CITY-ST-ZIP	WESTON MA	1.4 CITY-ST-ZIP	ARLINGTON MA 02174	
TITLE	STD	2.1 TITLE		☐ Change ☐ Addition
NAME	DEANGELIS, JOSEPH	2.2 NAME		
STREET ADDRESS	25 APPLETON ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	WAKEFIELD MA	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	LOHR, DAVID G.	3.2 NAME		
STREET ADDRESS	35 WALTZ WAY	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHEPACHET RI	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	WOODHULL, ROGER W.	4.2 NAME		
STREET ADDRESS	44 MACK HILL ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	AMHERST NH	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE		☐ Change ☐ Addition
NAME	TUCKER, ARTHUR F.	5.2 NAME		
STREET ADDRESS	39 ALDERBROOK DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	TOPSFIELD MA	5.4 CITY-ST-ZIP		
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	CHILD, RONALD B.	6.2 NAME		
STREET ADDRESS	28 OLDE FARMS ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	BOXFORD MA	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jeremiah F Mullane Feb. 1, 1995 (617) 547-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)
Jeremiah F Mullane, Asst. Treasurer

0303495 FP