FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P32500** **(1)**

1. Corporation Name

J. A. WEBSTER, INC.

Principal Place of Business	Mailing Address
86 LEOMINSTER ROAD STERLING MA 01564-2198 US	86 LEOMINSTER ROAD STERLING MA 01564-2198 US

3. Date Incorporated or Qualified: **01/16/1991**

3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **04-2278376** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES COURT
STE 105
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, JOHN A., JR.		1.2 NAME		
STREET ADDRESS	33 CROWN POINT ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUDBURY MA		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROEDER, HAROLD I., JR.		2.2 NAME		
STREET ADDRESS	16 DOROTHY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLDEN MA		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, ANN S.		3.2 NAME		
STREET ADDRESS	33 CROWN POINT ROAD		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUDBURY MA		3.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, STEPHEN S.		4.2 NAME		
STREET ADDRESS	245 E. FOXBORO STREET		4.3 STREET ADDRESS		
	SHARON MA		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	WEBSTER, JOHN A III		5.2 NAME		
STREET ADDRESS	87 STREET LANE		5.3 STREET ADDRESS	87 Steele Lane	
CITY-ST-ZIP	BOXBORO MA		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WEBSTER, JEFFREY H		6.2 NAME		
STREET ADDRESS	210 HUNTERS RIDGE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	CONCORD 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)(k), 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: _____ VP Finance/Treasurer (508) 422-8211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)