

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90031 040 ***150.00

DOCUMENT # P22899

1. Corporation Name

CALIFORNIA PRODUCTS CORPORATION

Principal Place of Business

169 WAVERLY STREET
CAMBRIDGE MA 02139
US

Mailing Address

PO BOX 390569
CAMBRIDGE MA 02139-0007
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1989

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 ☐ DELETE

NAME
AT
MULLANE, JEREMIAH F.
STREET ADDRESS
303 PARK AVE.
CITY-ST-ZIP
ARLINGTON MA 02174

TITLE ☐ DELETE

NAME
STD
DEANGELIS, JOSEPH
STREET ADDRESS
25 APPLETON ROAD
CITY-ST-ZIP
WAKEFIELD MA 01880

TITLE ☐ DELETE

NAME
VD
LOHR, DAVID G.
STREET ADDRESS
35 WALTZ WAY
CITY-ST-ZIP
CHEPACHET RI 02814

TITLE ☐ DELETE

NAME
V
WOODHULL, ROGER W.
STREET ADDRESS
44 MACK HILL ROAD
CITY-ST-ZIP
AMHERST NH 03031

TITLE ☐ DELETE

NAME
V
TUCKER, ARTHUR F.
STREET ADDRESS
39 ALDERBROOK DRIVE
CITY-ST-ZIP
TOPSFIELD MA 01983

TITLE ☐ DELETE

NAME
V
CHILD, RONALD B.
STREET ADDRESS
28 OLDE FARMS ROAD
CITY-ST-ZIP
BOXFORD 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

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, with all other like empowered.

SIGNATURE:

Jeremiah F. Mullane
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeremiah F. Mullane

3/02/99

Date

(617) 547-5300

Daytime Phone #

X-274

CR2E034 (11/98)

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