

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

**DOCUMENT # 286573**

**(1)**  
*A74*

95 MAY -1 PM 3:52

1. Corporation Name  
**EDISON MALL THOM MCAN, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**67 MILLBROOK STREET  
WORCESTER MA 01606**      **67 MILLBROOK STREET  
WORCESTER MA 01606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**10/30/1984**      **05/01/1994**

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

4. FEI Number      Applied For  
**04-2348828**      Not Applicable  
5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing       **\$5.00 May Be  
Trust Fund Contribution      Added to Fees**  
6. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 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      Signature, typed or printed name of registered agent and fee if applicable      (NOTE: Reg. and Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	LARENCE, ROGER
STREET ADDRESS	67 MILLBROOK ST
CITY-ST-ZIP	WORCESTER, MA 00000
TITLE	PD
NAME	MCVEY, LARRY A
STREET ADDRESS	67 MILLBROOK ST
CITY-ST-ZIP	WORCESTER, MA 00000
TITLE	VD
NAME	WOZNAK, EDWARD S.
STREET ADDRESS	67 MILLBROOK ST
CITY-ST-ZIP	WORCESTER, MA 00000
TITLE	V
NAME	WEAVER, ROBERT R.
STREET ADDRESS	67 MILLBROOK ST
CITY-ST-ZIP	WORCESTER, MA 00000
TITLE	VD
NAME	ANDERSON, THEODORE L.
STREET ADDRESS	67 MILLBROOK ST
CITY-ST-ZIP	WORCESTER, MA 00000
TITLE	V
NAME	FERRAIOLI, RICHARD A.
STREET ADDRESS	67 MILLBROOK ST
CITY-ST-ZIP	WORCESTER, MA 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

**SEPARATE SCHEDULE**

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 110.07(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: *Roger Larence*      **ROGER LARENCE**      **APR 22 1995**      **(508) 791-3811**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Telephone Number)

**ASS'T SECRETARY**

286573

**ALL STATE EXCEPT NY**

**February 9, 1995**

**Business**

**THOM MCAN DIVISION**

**PRESIDENT**

*Larry A. McVey*

*67 Millbrook Street, Worcester, MA 01606*

**VICE PRESIDENTS**

*Theodore L. Anderson*

*67 Millbrook Street, Worcester, MA 01606*

*Richard A. Ferraioli*

*67 Millbrook Street, Worcester, MA 01606*

*Robert R. Weaver*

*67 Millbrook Street, Worcester, MA 01606*

*Edward S. Wozniak*

*67 Millbrook Street, Worcester, MA 01606*

**TREASURER**

*Edward S. Wozniak*

*67 Millbrook Street, Worcester, MA 01606*

**SECRETARY**

*Edward J. Lucey*

*67 Millbrook Street, Worcester, MA 01606*

**ASSISTANT SECRETARY**

*Roger Larence*

*67 Millbrook Street, Worcester, MA 01606*

**DIRECTORS**

*Theodore L. Anderson*

*67 Millbrook Street, Worcester, MA 01606*

*Michael R. Brennan*

*One Theall Road, Rye, NY 10580*

*Larry A. McVey*

*67 Millbrook Street, Worcester, MA 01606*

*Arthur V. Richards*

*One Theall Road, Rye, NY 10580*

*Edward S. Wozniak*

*67 Millbrook Street, Worcester, MA 01606*