

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

CORPORATION  
ANNUAL REPORT  
**1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 11 - PM 3:31

DOCUMENT # **392721** (7)  
1. Corporation Name  
**PIECO, INC.**

Principal Place of Business      Mailing Address  
**8105 WEST 20TH AVENUE**      **30 HARVARD MILL SQUARE**  
**P.O. BOX 4930**      **WAKEFIELD MA 01880**  
**HIALEAH, FL 33014-3231**      **US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**12/14/1971**      **05/01/1994**

4. FEI Number      Applied For  
**59-1379427**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Election Campaign Financing       **\$5.00 May Be Added to Fees**  
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Zip      29. Country      30. Country

9. Name and Address of Current Registered Agent

**WYNNE, W. F.**  
**8105 W. 20TH AVENUE**  
**HIALEAH FL 33014**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      B5 Zip Code

**FL**

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 re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DEIESO, DONALD A</b>
STREET ADDRESS	<b>US HIGHWAY 22 WEST, P.O. BOX 1500</b>
CITY - ST - ZIP	<b>SOMERVILLE NJ</b>
TITLE	<b>DPC</b>
NAME	<b>BOREN, JOSEPH L</b>
STREET ADDRESS	<b>30 HARVARD MILL SQUARE</b>
CITY - ST - ZIP	<b>WAKEFIELD MA</b>
TITLE	<b>VPC</b>
NAME	<b>MICHAELSON, ROY</b>
STREET ADDRESS	<b>400 SAWGRASS CORP PKWY</b>
CITY - ST - ZIP	<b>SUNRISE FL</b>
TITLE	<b>T</b>
NAME	<b>MORENA, JOSEPH M.</b>
STREET ADDRESS	<b>30 HARVARD MILL SQUARE</b>
CITY - ST - ZIP	<b>WAKEFIELD MA</b>
TITLE	<b>VPS</b>
NAME	<b>HUNT, SAMUEL P III</b>
STREET ADDRESS	<b>30 HARVARD MILL SQUARE</b>
CITY - ST - ZIP	<b>WAKEFIELD MA</b>
TITLE	<b>VP</b>
NAME	<b>LEWIS, RICHARD B</b>
STREET ADDRESS	<b>8105 WEST 20TH AVENUE</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Treasurer</b>
4.3 STREET ADDRESS	<b>Alain Brunais,</b>
4.4 CITY - ST - ZIP	<b>30 Harvard Mill Square</b> <b>Wakefield MA</b>
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	

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)(b), 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: \_\_\_\_\_ DATE: **4/5/95** (612) 246-5200  
(Signature and Title of Signing Officer or Director) (Date)