

**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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

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



Principal Place of Business  
**8105 WEST 20TH AVENUE  
P.O. BOX 4930  
HIALEAH, FL 33014-3231**

Mailing Address  
**30 HARVARD MILL SQUARE  
WAKEFIELD MA 01880  
US**

3. Date incorporated or Qualified  
**12/14/1971**

3a. Date of Last Report  
**04/11/1995**

4. FEI Number  
**59-1379427**

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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. Mailing Address

25. Suite, Apt. #, etc.

26. City & State

27. Zip Country

28. Zip Country

29. Zip Country

30. Zip 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**

81. Name

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

83.

84. City

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 **D DEIESO, DONALD A**

STREET ADDRESS **US HIGHWAY 22 WEST, P.O. BOX 1500**

CITY-ST-ZIP **SOMERVILLE NJ**

TITLE  DELETE

NAME **DPC BOREN, JOSEPH L**

STREET ADDRESS **30 HARVARD MILL SQUARE**

CITY-ST-ZIP **WAKEFIELD MA**

TITLE  DELETE

NAME **VPC MICHAELSON, ROY**

STREET ADDRESS **400 SAWGRASS CORP PKWY**

CITY-ST-ZIP **SUNRISE FL**

TITLE  DELETE

NAME **BRUNAIS, ALAIN**

STREET ADDRESS **30 HARVARD MILL SQUARE**

CITY-ST-ZIP **WAKEFIELD MA**

TITLE  DELETE

NAME **VPS HUNT, SAMUEL P III**

STREET ADDRESS **30 HARVARD MILL SQUARE**

CITY-ST-ZIP **WAKEFIELD MA**

TITLE  DELETE

NAME **VP LEWIS, RICHARD B**

STREET ADDRESS **8105 WEST 20TH AVENUE**

CITY-ST-ZIP **HIALEAH FL**

**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 **ASST TREASURER**

3.3 STREET ADDRESS **GEOFFREY C. BESSE**

3.4 CITY-ST-ZIP **202 BRIDGE STREET**

4.1 TITLE  Change  Addition

4.2 NAME **BEVERLY MA 01915**

4.3 STREET ADDRESS **VP / ASST TREASURER**

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME **VP / BOB COUNSELL / SEC**

5.3 STREET ADDRESS **PHILIP MOYNIHAN**

5.4 CITY-ST-ZIP **918 W. PHEASANT AVE**

6.1 TITLE  Change  Addition

6.2 NAME **RIDGEWOOD, N.J. 07450**

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 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:** *Geoffrey C. Besse* **Geoffrey C. Besse** 4-25-96 1-617-224-6344

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

CR2E034 (12/95)