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 # 811097 (5)

1. Corporation Name

H.P. HOOD, INC.

Principal Place of Business
500 RUTHERFORD AVE
BOSTON MA 02129
US

Mailing Address
~~P. O. BOX 4983~~
~~TAX DEPT~~
~~SYRACUSE NY 13221~~
~~US~~

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 TREASURY DEPT
Suite, Apt. #, etc.
27 500 Rutherford Ave
City & State
28 BOSTON MA
Zip 29 02129 Country 30 ___

3. Date Incorporated or Qualified: 06/13/1956
3a. Date of Last Report: 04/21/1995
4. FEI Number: 04-1450950 ☐ 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

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 ___ DATE ___

12. OFFICERS AND DIRECTORS

TITLE	CD	☒ DELETE
NAME	TALMAGE, J.H.	
STREET ADDRESS	36 SOUND AVE.	
CITY-ST-ZIP	RIVERSIDE NY	
TITLE	PD	☐ DELETE
NAME	KELLER, ROBERT L	
STREET ADDRESS	2050 BAUSS ROAD	
CITY-ST-ZIP	EAST GREENVILLE PA	
TITLE	D	☒ DELETE
NAME	CALL, RICHARD C.	
STREET ADDRESS	8127 LEWISTON RD.	
CITY-ST-ZIP	BATAVIA NY	
TITLE	D	☒ DELETE
NAME	FRUEND, EUGENE	
STREET ADDRESS	RFD #1	
CITY-ST-ZIP	E. CANAAN CT	
TITLE	AT	☒ DELETE
NAME	FRANKENFIED, MARTIN P.	
STREET ADDRESS	3323 MISTY COVE CIRCLE	
CITY-ST-ZIP	BALDWINSVILLE NY	
TITLE	VT	☐ DELETE
NAME	SCHAEJBE, ROBERT E.	
STREET ADDRESS	60 NEWBURG STREET	
CITY-ST-ZIP	SOMERVILLE 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	V	☐ Change ☒ Addition
3.2 NAME	MARQUIS, RICHARD G.	
3.3 STREET ADDRESS	526 SHAWSHEEN AVE	
3.4 CITY-ST-ZIP	WILMINGTON MA	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	MUSIAL, GARY	
4.3 STREET ADDRESS	4034 PAWNEE DR	
4.4 CITY-ST-ZIP	LIVERPOOL NY	
5.1 TITLE	AT	☐ Change ☒ Addition
5.2 NAME	BRESTEN, THERESA M	
5.3 STREET ADDRESS	11 LINDA Rd	
5.4 CITY-ST-ZIP	WAKEFIELD, MA	
6.1 TITLE	AS	☐ Change ☒ Addition
6.2 NAME	Pamela Downing Brake	
6.3 STREET ADDRESS	46 STETSON Rd.	
6.4 CITY-ST-ZIP	NORWELL MA	

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: [signature] THERESA M. BRESTEN 1/23/96 617-242-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)