

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

FILED

Apr 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 811097 (5)**

1. Corporation Name  
**H.P. HOOD, INC.**



Principal Place of Business <b>500 RUTHERFORD AVE BOSTON MA 02129 US</b>	Mailing Address <b>TREASURY DEPT 500 RUTHERFORD AVE BOSTON MA 02129-1644 US</b>
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3. Date Incorporated or Qualified <b>06/13/1956</b>	3a. Date of Last Report <b>02/07/1996</b>
4. FEI Number <b>04-1450950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. <b>90 EVERETT AVE</b> Suite, Apt. #, etc. 22. <b>SUITE 200</b> City & State 23. <b>CHELSEA, MA</b> Zip 24. <b>02150</b>	2a. Mailing Address 26. <b>90 EVERETT AVE</b> Suite, Apt. #, etc. 27. <b>SUITE 200</b> City & State 28. <b>CHELSEA, MA</b> Zip 29. <b>02150</b>	Country 25. <b>USA</b>	Country 30. <b>USA</b>
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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
85 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>BRAKE, PAMELA D</b>	
STREET ADDRESS	<b>48 STETSON RD</b>	
CITY - ST - ZIP	<b>NORWELL MA</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>KELLER, ROBERT L</b>	
STREET ADDRESS	<b>2050 BAUSS ROAD</b>	
CITY - ST - ZIP	<b>EAST GREENVILLE PA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MARQUIS, RICHARD G</b>	
STREET ADDRESS	<b>526 SHAWSHEEN AVE</b>	
CITY - ST - ZIP	<b>WILMINGTON MA</b>	
TITLE	V	<input type="checkbox"/> DELETE
NAME	<b>MUSIAL, GARY</b>	
STREET ADDRESS	<b>4034 PAWNEE DR</b>	
CITY - ST - ZIP	<b>LIVERPOOL NY</b>	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	<b>BRESTEN, THERESA M</b>	
STREET ADDRESS	<b>11 LINDA RD</b>	
CITY - ST - ZIP	<b>WAKEFIELD MA</b>	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHAEJBE, ROBERT E.</b>	
STREET ADDRESS	<b>60 NEWBURG STREET</b>	
CITY - ST - ZIP	<b>SOMERVILLE MA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PRESIDENT/DIRECTOR</b>
2.3 STREET ADDRESS	<b>JOHN A. KANEB</b>
2.4 CITY - ST - ZIP	<b>34 MASCONOMO ST. MANCHESTER, MA 01944</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VICE-PRESIDENT</b>
3.3 STREET ADDRESS	<b>JEFFREY W. STEPHEN</b>
3.4 CITY - ST - ZIP	<b>125 CHESTNUT ST. E. GREENWICH, RI 02818</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TREASURER</b>
5.3 STREET ADDRESS	<b>25 ZACHARY LANE</b>
5.4 CITY - ST - ZIP	<b>READING, MA 01867</b>
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 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.

SIGNATURE: Theresa M. Bresten THERESA M. BRESTEN (617) 887-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000488

CR2E034 (9/96)