

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 811097 (5)  
1. Corporation Name  
H.P. HOOD, INC.



Principal Place of Business 90 EVERETT AVE SUITE 200 CHELSEA MA 02150 US	Mailing Address 90 EVERETT AVE SUITE 200 CHELSEA MA 02150 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 500 RUTHERFORD AVE 27 Suite, Apt. #, etc. 28 CHARLESTOWN, MA 29 Zip 30 Country	3. Date Incorporated or Qualified 06/13/1956 4. FEI Number 04-1450950 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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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
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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) (NOT: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAKE, PAMELA D	1.2 NAME	MARC E. GANEK
STREET ADDRESS	46 STETSON RD	1.3 STREET ADDRESS	7 ZAMBOM TERRACE
CITY-ST-ZIP	NORWELL MA	1.4 CITY-ST-ZIP	ANDOVER, MA 01812 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	KANE, JOHN A.	2.2 NAME	
STREET ADDRESS	34 MASCONOMO ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER MA	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN, JEFFREY W.	3.2 NAME	
STREET ADDRESS	125 CHESTNUT ST	3.3 STREET ADDRESS	12 FULLER FARMS ROAD
CITY-ST-ZIP	E GREENWICH RI	3.4 CITY-ST-ZIP	TOPSFIELD, MA 01983
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSIAL, GARY	4.2 NAME	
STREET ADDRESS	4034 PAWNEE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	LIVERPOOL NY	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRESTEN, THERESA M	5.2 NAME	
STREET ADDRESS	25 ZACHARY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	READING MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)