

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90111 037 ***158.75

DOCUMENT # 838478

1. Entity Name
IMTRA CORPORATION



Principal Place of Business
**30 SAMUEL BARNET BLVD
NEW BEDFORD, MA 02745**

Mailing Address
**30 SAMUEL BARNET BLVD
NEW BEDFORD, MA 02745**

DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number
04-2137249

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DICKSON, ED
700 WAVECREST AVE
INDIALANTIC, FL 32903**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
FARNHAM, WILLIAM H., JR.
15 WEST RIVER ROAD
MARION, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BRAITMAYER, ERIC A
2 LEEWARD WAY
FAIRHAVEN, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ROGERSON, WILLIAM G.
33 PIER 7
CHARLESTOWN, MA 02129**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
ROGERSON, EDWARD S
231 RANDOLPH AVE
MILTON, MA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BISHOP, FRANCIS N
163 MATHEWSON RD
BARRINGTON, RI**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
FARNHAM, CHARLES I
118 ALFRED DROWNE
BARRINGTON, RI**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/08 508-995-7000

Date

Daytime Phone #