

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **850433** (4)

1. Corporation Name
SOLID STATE TESTING, INC.



Principal Place of Business: **56 MIDDLESEX TURNPIKE BURLINGTON MA 01803**
Mailing Address: **56 MIDDLESEX TURNPIKE BURLINGTON MA 01803**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/22/1981	3a. Date of Last Report 04/26/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 04-2047273 04-2467273	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name: **Robert Burns**
82 Street Address (P.O. Box Number is Not Acceptable): **1555 N. A1A Hwy #503**
83
84 City: **Indialantic** FL 85 Zip Code: **32903**

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 to registered agent, 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 607.0506, Florida Statutes.

SIGNATURE: *Robert Burns* DATE: **5-8-96**

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	D. GIACOMO, JAMES	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON, MA 0	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BISHOP, ROBERT	
STREET ADDRESS	58 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON, MA 0	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BURNS, LINDA	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON MA	
TITLE	PTD	<input type="checkbox"/> DELETE
NAME	BURNS, JOHN J	
STREET ADDRESS	56 MIDDLESEX TURNPIKE	
CITY-ST-ZIP	BURLINGTON, MA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	ROBERT, BURNS	
13 STREET ADDRESS	1555 N. A1A HWY #503	
14 CITY-ST-ZIP	INDIALANTIC FL 32903	
2. TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	JANICE BURNS	
23 STREET ADDRESS	56 MIDDLESEX TURNPIKE	
24 CITY-ST-ZIP	BURLINGTON MA 01803	
3. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
5. TITLE	500001831695	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	-05/21/96--01042--017	
53 STREET ADDRESS	***200.00	
54 CITY-ST-ZIP		
6. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: *Linda A Burns*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **4-23-96** 617-272-0972

CR2E034 (12/95)