

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000002748

1. Entity Name
DTD CORP.



Principal Place of Business
89 CLIFF STREET
DOUGLAS, MA 01516

Mailing Address
P.O. BOX 652
DOUGLAS, MA 01516

**FILED
Jan 12, 2004 08:00 AM
Secretary of State**



01072004 No Chg-P CR2E034 (10/03)

| | |
|--|-------------------------------|
| 4. FEI Number 04-3258577 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME DUFFY, TIMOTHY F
STREET ADDRESS 43 CHESTNUT STREET
CITY - ST - ZIP AUBURN, MA

TITLE DCLK
NAME TIERNEY, JAMES F
STREET ADDRESS 45 MEADOWBROOK
CITY - ST - ZIP EAST GREENWICH, RI

TITLE TD
NAME DALTON, STEPHEN E
STREET ADDRESS 1 IVY PATH
CITY - ST - ZIP SHREWSBURY, MA

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

12. 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 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: *Timothy Duffy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-04 508-943-1500

Date

Daytime Phone #

000000002577
01/13/04-80020-013 150.00

**DO NOT WRITE
IN THIS SPACE**