

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 # F93000000010 (9)

1. Corporation Name

THE MOORE COMPANY



Principal Place of Business

36 BEACH STREET
WESTERLY RI 02891

Mailing Address

P. O. BOX 538
WESTERLY RI 02891
US

3. Date Incorporated or Qualified
01/04/1993

3a. Date of Last Report
04/10/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
05-0185270

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

V
BUCKLEY, AL S
36 BEACH STREET
WESTERLY RI

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP
LANNI, KATHLEEN
36 BEACH STREET
WESTERLY RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S
BARBER, ALEXANDRA MOOR
36 BEACH STREET
WESTERLY RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

T
SCOTT, WILLIAM R
36 BEACH STREET
WESTERLY RI 02891

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

C
MOORE, THOMAS F
36 BEACH STREET
WESTERLY RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DC
MOORE, PETER F
36 BEACH STREET
WESTERLY RI

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

CFO & Executive VP
James G. Maguire
36 Beach Street
Westerly, RI 02891

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

William R. Scott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William R. Scott

Treasurer

1/30/96

Date

401-596-7816

Daytime Phone #

CR2E034 (12/95)