FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:38

DOCUMENT # **F93000001358 (1)**

1. Corporation Name
PELLON CORPORATION

Principal Place of Business	Mailing Address
20 INDUSTRIAL AVENUE CHELMSFORD MA 01824	20 INDUSTRIAL AVENUE CHELMSFORD MA 01824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/18/1993**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **04-2710458** ☐ 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
PLANATATION 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's signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	Pb	☒ Change ☐ Addition
NAME	TEMPLER, JEFFREY A	12 NAME	Camelio, Cosmo R	
STREET ADDRESS	20 INDUSTRIAL AVE.	13 STREET ADDRESS	20 Industrial Ave	
CITY ST ZIP	CHELMSFORD MA 01824	14 CITY ST ZIP	Chelmsford, MA 01824	
TITLE	VST	21 TITLE		☐ Change ☐ Addition
NAME	MOOSA, MOOSA E	22 NAME		
STREET ADDRESS	20 INDUSTRIAL AVE.	23 STREET ADDRESS		
CITY ST ZIP	CHELMSFORD MA 01824	24 CITY ST ZIP		
TITLE	CD	31 TITLE		☐ Change ☐ Addition
NAME	FREUDENBERG, REINHART DR	32 NAME		
STREET ADDRESS	POSTFACH 100363, D-6940 BERGSTR.	33 STREET ADDRESS		
CITY ST ZIP	WEINHEIM, GERMANY	34 CITY ST ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	HASSELBRINK, WILLI	42 NAME		
STREET ADDRESS	POSTFACH 100363, D-6940 BERGSTR.	43 STREET ADDRESS		
CITY ST ZIP	WEINHEIM, GERMANY	44 CITY ST ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	DAHLSTROEM, NORTHBERT	52 NAME		
STREET ADDRESS	POSTFACH 100363, D-6940 BERGSTR.	53 STREET ADDRESS		
CITY ST ZIP	WEINHEIM, GERMANY	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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 14 if changed, or on an attachment with an address.

SIGNATURE: X _____ 3-17-95 _____ 508-451-0161
(Signature and Typed or Printed Name of Individual & Capacity/Position) (Date) (Daytime Phone #)