FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000004272 (1)**

1. Corporation Name

BIRD MACHINE COMPANY, INC.

Principal Place of Business

100 NEPONSET STREET
SOUTH WALPOLE MA 02071-1001

Mailing Address

100 NEPONSET STREET
SOUTH WALPOLE MA 02071-1001

3. Date Incorporated or Qualified: **09/21/1993**

3a. Date of Last Report: **07/19/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **04-3112240** ☐ 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
% 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 (Required for Registered Agent Change) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, TIM L		1.2 NAME	
STREET ADDRESS	100 NEPONSET STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WALPOLE MA 02071-1001		1.4 CITY-ST-ZIP	
TITLE	D	☒ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALDRICH, RAYMOND H		2.2 NAME	
STREET ADDRESS	100 NEPONSET STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WALPOLE MA 02071-1001		2.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BOHAN, PETER		3.2 NAME	
STREET ADDRESS	100 NEPONSET STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WALPOLE MA 02071-1001		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FARISH, CHARLES B		4.2 NAME	
STREET ADDRESS	100 NEPONSET STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WALPOLE MA 02071-1001		4.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MCGOWEN, TIM		5.2 NAME	
STREET ADDRESS	160 NEPONSET STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WALPOLE MA		5.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MCCAUGHEY, MARK S		6.2 NAME	
STREET ADDRESS	100 NEPONSET STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTH WALPOLE MA 02071-1001		6.4 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 13 if changed, or on an attachment with an address.

SIGNATURE: Sandra B. Mortham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (12/95)