


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 29 1997 8:00am  
Secretary of State

| PROFIT CORPORATION<br>ANNUAL REPORT<br>1997   |  | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS       |                      |
|---|--|---|----------------------|
| <b>DOCUMENT # F94000006648 (9)</b><br>1. Corporation Name<br><b>THERMAL STRUCTURES, INC.</b>  |  |   |                      |
| Principal Place of Business<br><b>31 BENTON DRIVE<br/>EAST LONGMEADOW MA 01028</b>  |  | Mailing Address<br><b>31 BENTON DRIVE<br/>EAST LONGMEADOW MA 01028</b>  |                      |
| 2. Principal Place of Business<br><b>21</b>   |  | 2a. Mailing Address<br><b>26</b>  |                      |
| Suite, Apt. #, etc.<br><b>22</b>  |  | Suite, Apt. #, etc.<br><b>27</b>  |                      |
| City & State<br><b>23</b>   |  | City & State<br><b>28</b>   |                      |
| Zip<br><b>24</b>  | Country<br><b>25</b>                           | Zip<br><b>29</b>  | Country<br><b>30</b> |
| 9. Name and Address of Current Registered Agent<br><b>PAQUIN, RAYMOND<br/>167B BRISTOL LANE<br/>NAPLES FL 33962</b>   |  | 10. Name and Address of New Registered Agent<br><b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City<br><b>FL</b> <b>85</b> 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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____  |  |   |                      |
| 12. OFFICERS AND DIRECTORS  |  |   |                      |
| TITLE   | NAME   | DELETED   |                      |
| STREET ADDRESS  | PAQUIN, GARY                                   |   |                      |
| CITY-ST-ZIP   | BEEBE ROAD<br>MONSON MA                        |   |                      |
| TITLE   | NAME   | DELETED   |                      |
| STREET ADDRESS  | PAQUIN, RAYMOND                                |   |                      |
| CITY-ST-ZIP   | 167B BRISTOL LANE<br>NAPLES FL                 |   |                      |
| TITLE   | NAME   | DELETED   |                      |
| STREET ADDRESS  | PAQUIN, JEFFREY D                              |   |                      |
| CITY-ST-ZIP   | 387 COLD SPRINGS AVENUE<br>WEST SPRINGFIELD MA |   |                      |
| TITLE   | NAME   | DELETED   |                      |
| STREET ADDRESS  | FITZGERALD, WILLIAM                            |   |                      |
| CITY-ST-ZIP   | 68 CRESTVIEW CIRCLE<br>LONGMEADOW MA           |   |                      |
| TITLE   | NAME   | DELETED   |                      |
| STREET ADDRESS  |  |   |                      |
| CITY-ST-ZIP   |  |   |                      |
| TITLE   | NAME   | DELETED   |                      |
| STREET ADDRESS  |  |   |                      |
| CITY-ST-ZIP   |  |   |                      |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |   |                      |
| 1.1 TITLE   | Change Addition                                |   |                      |
| 1.2 NAME  |  |   |                      |
| 1.3 STREET ADDRESS  |  |   |                      |
| 1.4 CITY-ST-ZIP   |  |   |                      |
| 2.1 TITLE   | Change Addition                                |   |                      |
| 2.2 NAME  |  |   |                      |
| 2.3 STREET ADDRESS  |  |   |                      |
| 2.4 CITY-ST-ZIP   |  |   |                      |
| 3.1 TITLE   | Change Addition                                |   |                      |
| 3.2 NAME  |  |   |                      |
| 3.3 STREET ADDRESS  |  |   |                      |
| 3.4 CITY-ST-ZIP   |  |   |                      |
| 4.1 TITLE   | Change Addition                                |   |                      |
| 4.2 NAME  |  |   |                      |
| 4.3 STREET ADDRESS  |  |   |                      |
| 4.4 CITY-ST-ZIP   |  |   |                      |
| 5.1 TITLE   | Change Addition                                |   |                      |
| 5.2 NAME  |  |   |                      |
| 5.3 STREET ADDRESS  |  |   |                      |
| 5.4 CITY-ST-ZIP   |  |   |                      |
| 6.1 TITLE   | Change Addition                                |   |                      |
| 6.2 NAME  |  |   |                      |
| 6.3 STREET ADDRESS  |  |   |                      |
| 6.4 CITY-ST-ZIP   |  |   |                      |



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>12/28/1994</b>   | 3a. Date of Last Report<br><b>03/26/1996</b> |
| 4. FEI Number<br><b>04-2662278</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |  |

14. I do 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 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:

SIGNATURE REQUIRED

7-21-97

CR2E034 (4/97)