FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F95000000445 (5)**

1. Corporation Name
KIRK RESOURCES, INC.

Principal Place of Business	Mailing Address
639 MASSACHUSETTS AVE. CAMBRIDGE MA 02139	639 MASSACHUSETTS AVE. CAMBRIDGE MA 02139-3337

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 / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **01/26/1995**
3a. Date of Last Report: **05/01/1996**
4. FEI Number: **04-3251836** ☐ 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
CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BURKE, MARY B		1.2 NAME	Fusting, Debra	
STREET ADDRESS	639 MASSACHUSETTS AVE.		1.3 STREET ADDRESS	639 Massachusetts Avenue	
CITY-ST-ZIP	CAMBRIDGE MA 02139		1.4 CITY-ST-ZIP	Cambridge, Ma 02139	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRENNAN, EDWARD J		2.2 NAME		
STREET ADDRESS	639 MASSACHUSETTS AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA 02139		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MCGRATH, HOLLY L		3.2 NAME		
STREET ADDRESS	639 MASSACHUSETTS AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA 02139		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KIRBY, LORI		4.2 NAME		
STREET ADDRESS	639 MASSACHUSETTS AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA 02139		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHIPMAN, RICHARD J		5.2 NAME		
STREET ADDRESS	639 MASSACHUSETTS AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA 02139		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	FUSTING, DEBRA		6.2 NAME		
STREET ADDRESS	639 MASSACHUSETTS AVE.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE MA 02139		6.4 CITY-ST-ZIP		

4-21-97

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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: _____ DATE: _____

CR2E034 (9/96)