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Feb 04 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 # F95000001356 (3)

1. Corporation Name
BETA-THERM CORPORATION



Principal Place of Business
**910 TURNPIKE ROAD
SHREWSBURY MA 01545**

Mailing Address
**910 TURNPIKE ROAD
SHREWSBURY MA 01545-3396**

3. Date Incorporated or Qualified 03/21/1995	3a. Date of Last Report 02/05/1996
4. FEI Number 04-2799704	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
85 Zip Code **FL**

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	PDT	<input type="checkbox"/> DELETE
NAME	O'KEEFE, BRIAN M	
STREET ADDRESS	4084 ARNOLD AVENUE	
CITY-ST-ZIP	NAPLES FL 33942	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SABEAN, DAVID M	
STREET ADDRESS	3 PELHAM ROAD	
CITY-ST-ZIP	NADICK MA 01760	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARNHILL, JAMES H	
STREET ADDRESS	225 PARK AVENUE, SUITE 1100	
CITY-ST-ZIP	WORCESTER MA 01609	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POWER, JOHN	
STREET ADDRESS	25 GLENARD CRESCENT	
CITY-ST-ZIP	SALT HILL, IRELAND	
TITLE	O	<input type="checkbox"/> DELETE
NAME	HALLISEY, RICHARD M DR	
STREET ADDRESS	PO BOX 284 (N/A)	
CITY-ST-ZIP	SOUTHBORO MA 01772	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO/DIRECTOR/TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	O'KEEFE, BRIAN M.	
1.3 STREET ADDRESS	4084 ARNOLD AVENUE	
1.4 CITY-ST-ZIP	NAPLES, FL 33942	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SABEAN, DAVID P.	
2.3 STREET ADDRESS	3 PELHAM ROAD	
2.4 CITY-ST-ZIP	NATICK, MA 01760	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SMITH, THOMAS A.	
6.3 STREET ADDRESS	195 STEARNS STREET	
6.4 CITY-ST-ZIP	CARLISLE, MA 01741	

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: **DAVID P. SABEAN** *David P. Sabean* 1/21/97 508-842-0516
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)