

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001873 (7)**

1. Corporation Name
ZYMARK CORPORATION



Principal Place of Business ZYMARK CENTER 68 ELM STREET HOPKINTON MA 01748	Mailing Address ZYMARK CENTER 68 ELM STREET HOPKINTON MA 01748-1602
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3. Date Incorporated or Qualified 04/18/1995	3a. Date of Last Report 04/29/1996
4. FEI Number 04-2719878	Applied For <input type="checkbox"/> Not Applicable
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

**CT 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ZENIE, FRANCIS H	
STREET ADDRESS	186 OLD FARM LANE	
CITY-ST-ZIP	ATTLEBORO MA 02703	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	HUTCHINS, BURLEIGH M JR.	
STREET ADDRESS	153 NORTH STREET	
CITY-ST-ZIP	UPTON MA 01568	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HILTON, FREDERIC	
STREET ADDRESS	159 TOWN HALL SQUARE	
CITY-ST-ZIP	FALMOUTH MA 02540	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DULANEY, JOHN S	
STREET ADDRESS	125 ROSEVILLE ROAD	
CITY-ST-ZIP	WEST PORT CT 06880	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEWHALL, CHARLES W III	
STREET ADDRESS	1119 ST. PAUL ST.	
CITY-ST-ZIP	BALTIMORE MD 21202	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GABLE, ROBERT L	
STREET ADDRESS	35 SUNSET ROCK ROAD	
CITY-ST-ZIP	ANDOVER MA 01810	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	R. Kevin Hrusovsky	
1.3 STREET ADDRESS	49 Ridings Way	
1.4 CITY-ST-ZIP	Chadds Ford, PA 19317	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hutchins, Burleigh M Jr.	
2.3 STREET ADDRESS	153 North Street	
2.4 CITY-ST-ZIP	UPTON MA 01568	
3.1 TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Motzer	
3.3 STREET ADDRESS	1280 Turnbury Lane	
3.4 CITY-ST-ZIP	Gwynedd, PA 19436	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Michael McClellan	
4.3 STREET ADDRESS	685 Leopard Road	
4.4 CITY-ST-ZIP	Benwyn, PA 19312	
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James N. Little	
5.3 STREET ADDRESS	193 Elliot St.	
5.4 CITY-ST-ZIP	Natick, MA 01760	
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	William Boote	
6.3 STREET ADDRESS	17 Lamplight Circle	
6.4 CITY-ST-ZIP	Natick, MA 01760	

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: _____ **REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____
Date _____ Daytime Phone # **508-435-9500**

CR2E034 (9/96)