FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

1. Corporation	MENI# F9500 Name OVER CONTROLS CORPORA	ATION	(8)						
Principal Place	of Business	Maiing Address		·	{	IN CARL CALL	88116 1810 1811	(C BIBIL (BBI (BBI	
300 BRICKSTONE SQUARE ANDOVER MA 01810		300 BRICKSTONE SQUARE ANDOVER MA 01810							
					3. Date Incorporated or Qualified 06/19/1995	3a. Date	e of Last Rep	port	
2. Principal Place of Business		2a. Mailing Address 26			4. FEI Number 06-1274463				
Suite, Apt. #, etc.		Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip 24	Country 25	Z _I p	Country 30		8. This corporation has liability for i	ntangible ta			
	9. Name and Address of Current		1981	· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New R		Agent		
			81	Name					
C T CORPORATION SYSTEM			82	Street Add	ress (P.O. Box Number is Not Acceptable)				
1200 SOUTH PINE ISLAND ROAD				Circuit No.3	out to the state of the state o	10,			
PLANT	ATION FL 33324		83						
			84	City			85 Zip	Code	
						FL	. '	İ	
or registere	ed agent, or both, in the State of Florda h, and accept the obligations of Sectio	r Such change was author	ized by the corp	oration's boa	ration submits this statement for the pur rd of directors. Thereby accept the appo	pose or ch pintment as	anging its reg registered a	gistered office igent. Fami	
	Signature, typed or printed name of regetered agent and the it applicable (NOT			it signati mi require	d when nany alogi	DATE			
12.	OFFICERS AND DIRECTORS CT DELETE		13.		ADDITIONS/CHANGES TO OFF				
TITLE	LAPOINTE, WILLIAM J	☐ DELETE	1 : TITLE 12 NAME 13 STREET ADDRESS			Į	Change	☐ Addition	
NAME STREET ADORESS	300 BRICKSTONE SQUARE								
CITY-SI-ZIP ANDOVER MA 01810			1.4 CITY - ST- ZIP						
TITLE	VD	☐ DELETE	2 1 TITLE	1-ZIP			Change	Add-tion	
NAME	MORONEY, JAMES E III		2.2 NAME						
STREET ADDRESS	300 BRICKSTONE SQUARE		2 3 STREET	ADDRESS					
CITY - ST - ZIP	ANDOVER MA 01810		2.4 CHY S	ĺ					
TITLE	V	☐ DELETE					Change	Addition	
NAME	KLEIN, ROBERT G		3.2 NAME						
STREET ADDRESS	300 BRICKSTONE SQUARE		33 STREET	ADDRESS					
CITY - ST - ZIP	ANDOVER MA 01810		34 CHTY S	T - 21F	The control of the co	<u>.</u>			
TITLE		DELETE	4 1 MILE			[Change	☐ Addition	
NAME	Krasinski, Leonard R 300 Brickstone Square		4.2 NAME						
STREET ADDRESS	ANDOVER MA 01810		4 3 STREET						
C-TY-ST-Z-P TITLE	V	DELETE	4.4 CITY - S 5.1 TIFLE	r - ZIP		<u>-</u>	T Change	Addition	
NAME	FEY, STEVEN				Change Addition Change Addition Change Change Addition Change Change				
STREET ADDRESS 300 BRICKSTONE SQUARE			5.2 NAME 5.3 Street Address		900001817549 -05/13/9601011023				
CITY-ST-ZIP	ANDOVER MA 01810		5 4 Cily - S		***200.00	-11 <u>-</u> (123		
THE	V	DELETE	6 1 TIFLE	. 20			Change	Addition	
NAME	LYNCH, WILLIAM R		6.2 NAME						
STREET ADDRESS	300 BRICKSTONE SQUARE		63 STREFT	ADORESS					

ANDOVER MA 01810

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)(k). 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 AND TYPED OR PRINTED NAMES SIGNING OFFICER OR DIRECTOR