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FILED
May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000003348 (7)

1. Corporation Name

SCHAFER CORPORATION



Principal Place of Business

Mailing Address

321 BILLERICA ROAD
CHELMSFORD MA 01824-4191
US

321 BILLERICA ROAD
CHELMSFORD MA 01824-4191
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1996

4. FEI Number

04-2505947

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME VD
BENEDICT, RETTIG P
STREET ADDRESS 38 LIVE OAK LOOP NE
CITY-ST-ZIP ALBUQUERQUE NM 87122

TITLE ☐ DELETE

NAME V
BUCKLEY, PATRICIA A
STREET ADDRESS 5 RIVERVIEW DR.
CITY-ST-ZIP NEWBURYPORT MA 01950

TITLE ☐ DELETE

NAME D
BUI TEN HUYS, WILLIAM J
STREET ADDRESS 27 PLEASANT ST.
CITY-ST-ZIP ANDOVER MA 01810

TITLE ☐ DELETE

NAME V
DYER, RICHARD W
STREET ADDRESS 4224G JEFFERSON OAK CIRCLE
CITY-ST-ZIP FAIRFAX VA 22033

TITLE ☐ DELETE

NAME V
GARCIA, JOHN C
STREET ADDRESS 6222 RIME VILLAGE DR., #1
CITY-ST-ZIP HUNTSVILLE AL 35806

TITLE ☐ DELETE

NAME PDC
GERRY, EDWARD T
STREET ADDRESS 1549M N. 22ND ST.
CITY-ST-ZIP ARLINGTON VA 22209

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P
Haber, Stuart S.
1.3 STREET ADDRESS 16 Longmeadow Road
1.4 CITY-ST-ZIP Lincoln, MA 01773

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME EVP
Gerry, Edward T
2.3 STREET ADDRESS 1549M N. 22nd Street
2.4 CITY-ST-ZIP Arlington, VA 22209

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME CFO/T
Kellner, John E.
3.3 STREET ADDRESS 1 Bobolink Road
3.4 CITY-ST-ZIP Westfor, MA 01886

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

14. I 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

CR2E034 (10/97)