

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90208 030 ***150.00

DOCUMENT # F96000003923

1. Corporation Name

LIDS CORPORATION OF DELAWARE



Principal Place of Business

60 GLACIER DRIVE
WESTWOOD MA 02090

Mailing Address

60 GLACIER DRIVE
WESTWOOD MA 02090

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1996

4. FEI Number

04-3307902

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

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

TITLE PCD ☐ DELETE
NAME KUCINSKI, NANCY B
STREET ADDRESS 60 GLACIER DRIVE
CITY-ST-ZIP WESTWOOD MA 02090

TITLE T ☒ DELETE
NAME KOPPEL, MICHAEL
STREET ADDRESS 60 GLACIER DRIVE
CITY-ST-ZIP WESTWOOD MA 02090

TITLE S ☐ DELETE
NAME DAUM, ROSLYN G
STREET ADDRESS 53 STATE STREET (CHOATE, HALL & STEWART)
CITY-ST-ZIP BOSTON MA 02109

TITLE D ☐ DELETE
NAME KARP, STEPHEN
STREET ADDRESS ONE WELLS AVENUE (NEW ENGLAND DEVELOPMENT)
CITY-ST-ZIP NEWTON MA 02159

TITLE D ☐ DELETE
NAME HALPERN, JOHN D
STREET ADDRESS 500 BOYLSTON STREET, SUITE 1880
CITY-ST-ZIP BOSTON MA 02116

TITLE D ☐ DELETE
NAME CHADSEY, JACK
STREET ADDRESS 60 GLACIER DRIVE
CITY-ST-ZIP WESTWOOD MA 02090

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME *President P/M*
1.3 STREET ADDRESS *Nancy Kucinski*
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME *Jeffrey Jones*
2.3 STREET ADDRESS *60 Glacier Drive*
2.4 CITY-ST-ZIP *Westwood, MA 02090*

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Nancy Kucinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/2/99
Date

781-326-9400
Daytime Phone #

CR2E034 (1/98)

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