

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000579  
1. Corporation Name

THE MARINE BIOLOGICAL LABORATORY, INC.

600002435846

-02/20/98--01014--008

\*\*\*61.25

Principal Place of Business Mailing Address  
7 MBL STREET (SAME)  
WOODS HOLE, MASSACHUSETTS 02543

3. Date Incorporated or Qualified  
FEBRUARY 4, 1997

4. FEI Number 04-2104690  
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATE ACCESS, INC.  
1116-D THOMASVILLE ROAD  
MOUNT VERNON SQUARE  
TALLAHASSEE, FLORIDA 32303

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Segal, Sheldon J Dr.	1.2 NAME	
STREET ADDRESS	One Dag Hammarskjold Plaza	1.3 STREET ADDRESS	
CITY-ST-ZIP	New York NY 10017	1.4 CITY-ST-ZIP	
TITLE	C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bay, Frederick	2.2 NAME	
STREET ADDRESS	Nichols Rd. Landgrove	2.3 STREET ADDRESS	
CITY-ST-ZIP	Londonderry VT 05148	2.4 CITY-ST-ZIP	
TITLE	C	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, Josephine B	3.2 NAME	
STREET ADDRESS	Nichols Rd. Landgrove	3.3 STREET ADDRESS	
CITY-ST-ZIP	Londonderry VT 05148	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Greer, Mary J	4.2 NAME	
STREET ADDRESS	16 Hillside Ave, Cambridge MA	4.3 STREET ADDRESS	
CITY-ST-ZIP	02140	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burris, John E Dr.	5.2 NAME	
STREET ADDRESS	CandleHouse 3, Water St	5.3 STREET ADDRESS	
CITY-ST-ZIP	Woods Hole, MA 02543	5.4 CITY-ST-ZIP	
TITLE	C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul, C. Michael	6.2 NAME	
STREET ADDRESS	Nichols Rd. Landgrove	6.3 STREET ADDRESS	
CITY-ST-ZIP	Londonderry VT 05148	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 617, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/98

508 289-7690

Date

Daytime Phone #

CP2E037 (10/97)