

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

FILED
May 15 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 # F97000001405 (6)
1. Corporation Name
WHISTLER CORPORATION OF MASSACHUSETTS



Principal Place of Business

Mailing Address

16 ELIZABETH DRIVE
CHELMSFORD MA 01824

16 ELIZABETH DRIVE
CHELMSFORD MA 01824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1997

4. FEI Number

04-3237137

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

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	PD	<input type="checkbox"/> DELETE
NAME	BURNELL, A M	
STREET ADDRESS	16 ELIZABETH DRIVE	
CITY-ST-ZIP	CHELMSFORD MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HANKS, ROBERT J	
STREET ADDRESS	1 BOSTON PLACE, STE 2100	
CITY-ST-ZIP	BOSTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINE, STEVE	
STREET ADDRESS	85 FULTON STREET	
CITY-ST-ZIP	BOONTON NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHN, PAUL	
STREET ADDRESS	ONE MELLON BANK CENTER RM 2300	
CITY-ST-ZIP	PITTSBURGH PA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ROUSSEAU, JOHN F	
STREET ADDRESS	1 BOSTON PLACE, STE 2100	
CITY-ST-ZIP	BOSTON MA	
TITLE	ATV	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT, PAMELA L	
STREET ADDRESS	16 ELIZABETH DRIVE	
CITY-ST-ZIP	CHELMSFORD MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Assistant Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John E. Lynch	
1.3 STREET ADDRESS	16 Elizabeth Drive	
1.4 CITY-ST-ZIP	Chelmsford, MA	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	William Mahoney	
2.3 STREET ADDRESS	16 Elizabeth Dr.	
2.4 CITY-ST-ZIP	Chelmsford, MA	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	W. Stewart Gentsch	
3.3 STREET ADDRESS	16 Elizabeth Dr.	
3.4 CITY-ST-ZIP	Chelmsford, MA	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)