

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

FILED
Jan 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
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DOCUMENT # **F97000002339 (6)**

1. Corporation Name
QC OPTICS, INC.



Principal Place of Business 154 MIDDLESEX TURNPIKE BURLINGTON MA 01803	Mailing Address 154 MIDDLESEX TURNPIKE BURLINGTON MA 01803
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 46 JONSPIN ROAD Suite, Apt. #, etc. 22 City & State 23 WILMINGTON, MA Zip 24 01887	2a. Mailing Address 26 46 JONSPIN ROAD Suite, Apt. #, etc. 27 City & State 28 WILMINGTON, MA Zip 29 01887	Country 25 USA	Country 30 USA
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3. Date Incorporated or Qualified 05/02/1997	4. FEI Number 04-2916548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHASE, ERIC T	1.2 NAME	
STREET ADDRESS	19 CRAIGIE CIRCLE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CARLISLE MA 01740	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARRH, JOHN M	2.2 NAME	
STREET ADDRESS	20 OAKLAND ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	LEXINGTON MA 02173	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINE, CHARLES H	3.2 NAME	
STREET ADDRESS	325 HIGHLAND AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	W. NEWTON MA 02185	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMAN, JOHN R	4.2 NAME	
STREET ADDRESS	300 KENT ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	BROOKLINE MA 02146	4.4 CITY - ST - ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNAL, KARL A	5.2 NAME	
STREET ADDRESS	666 MAIN ST, APT 205	5.3 STREET ADDRESS	
CITY - ST - ZIP	WINCHESTER MA 01890	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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)