

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P10949** (6)

1. Corporation Name

EMERSON & CUMING, INC.



Principal Place of Business

**ONE TOWN CENTER RD.
TAX DEPT.
BOCA RATON FL 33486**

Mailing Address

**ONE TOWN CENTER RD.
TAX DEPT.
BOCA RATON FL 33486**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
07/28/1986

3a. Date of Last Report
04/18/1995

4. FEI Number
22-2312556

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS ST #105
TALLAHASSEE FL 32301**

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 date if applicable

(207E) Registered Agent Signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE **DVP** ☒ DELETE
NAME **MAPLETOFT, L**
STREET ADDRESS **77 DRAGON CT**
CITY-STATE-ZIP **WOBURN MA**

TITLE **DP** ☐ DELETE
NAME **KOHNKEN, DONALD H.**
STREET ADDRESS **ONE TOWN CENTER ROAD**
CITY-STATE-ZIP **BOCA RATON FL**

TITLE **VPT** ☐ DELETE
NAME **NOONE, S R**
STREET ADDRESS **55 HAYDEN AVE**
CITY-STATE-ZIP **LEXINGTON MA**

TITLE **S** ☐ DELETE
NAME **FAVORITO, O. MARIO**
STREET ADDRESS **61 BROOK TRAIL ROAD**
CITY-STATE-ZIP **CONCORD MA**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Vice President & Director** ☒ Change ☐ Addition
1.2 NAME **Robert A. Hartman**
1.3 STREET ADDRESS **77 Dragon Court**
1.4 CITY-STATE-ZIP **Woburn, MA 01888**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE **Vice President & Treasurer & Director** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE **Assistant Secretary** ☐ Change ☒ Addition
5.2 NAME **Stephen H. Ahern**
5.3 STREET ADDRESS **62 Whittenmore Ave.**
5.4 CITY-STATE-ZIP **Cambridge, MA 02140**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, as changes, or on an attachment with an address.

SIGNATURE:

Stephen R. Noone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen R. Noone, Treasurer

4/4/96

Date

Daytime Phone #

CR2E034 (12/95)