

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P13430** (4)

1. Corporation Name  
**POLAROID CARIBBEAN CORPORATION**



Principal Place of Business: **PONCE DE LEON 701 MIRAMAR PUERTO RICO 00907-3636**  
Mailing Address: **PONCE DE LEON 701 MIRAMAR PUERTO RICO 00907-3636**

3. Date incorporated or Qualified: **03/02/1987**  
3a. Date of Last Report: **04/28/1995**  
4. FET Number: **66-0289230**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **c/o 26 575 Technology Square-5E**  
22. Suite, Apt. #, etc.: **27**  
23. City & State: **28 Cambridge, MA**  
24. Zip: **25 02139** Country: **29 U.S.** **30**

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

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 or director (page 2)

DATE Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BOOTH, I.M.</b>	1.2 NAME	<b>DICAMILLO, GARY T.</b>
STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>	1.3 STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	1.4 CITY-ST-ZIP	<b>CAMBRIDGE, MA 02139</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DICKER, GERALD R.</b>	2.2 NAME	<b>ROTHSTEIN, SHELDON</b>
STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>	2.3 STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	2.4 CITY-ST-ZIP	<b>CAMBRIDGE, MA 02139</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, GRAHAM M., JR.</b>	3.2 NAME	<b>NORWOOD, RALPH M.</b>
STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>	3.3 STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	3.4 CITY-ST-ZIP	<b>CAMBRIDGE, MA 02139</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DELAHUNT, ROBERT M.</b>	4.2 NAME	<b>BAU, PAUL</b>
STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>	4.3 STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	4.4 CITY-ST-ZIP	<b>CAMBRIDGE, MA 02139</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'NEILL, WILLIAM J.</b>	5.2 NAME	
STREET ADDRESS	<b>549 TECHNOLOGY SQUARE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>	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 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 if changed, or on an attachment with an address.

SIGNATURE:

**Sheldon Rothstein**  
Secretary

4/30/96

617-386-6608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

CR2E034 (12/95)