

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

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Mar 27 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P13430** (4)  
1. Corporation Name  
**POLAROID CARIBBEAN CORPORATION**

Principal Place of Business <b>PONCE DE LEON 701 MIRAMAR PUERTO RICO 00907-3636</b>	Mailing Address <b>575 TECHNOLOGY SQUARE 5-E CAMBRIDGE MA 02139-3539 US</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/02/1987</b>		3a. Date of Last Report <b>05/01/1986</b>	
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country
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			
24. Country				29. Country			
25. Suite, Apt. #, etc.				30. Suite, Apt. #, etc.			
26. City & State				27. City & State			
27. Zip				28. Zip			
28. Country				29. Country			
29. Suite, Apt. #, etc.				30. Suite, Apt. #, etc.			
30. City & State				31. City & State			
31. Zip				32. Zip			
32. Country				33. Country			

g. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		81. Name		10. Name and Address of New Registered Agent	
		82. Street Address (P.O. Box Number is Not Acceptable)			
		83. City			
		84. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD BOOTH, I.M. 549 TECHNOLOGY SQUARE CAMBRIDGE MA	11 TITLE	PD DICAMILLO, GARY T. 549 TECHNOLOGY SQUARE CAMBRIDGE MA
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY- ST- ZIP		14 CITY- ST- ZIP	
TITLE	S DICKER, GERALD R. 549 TECHNOLOGY SQUARE CAMBRIDGE MA	21 TITLE	S ROTHSTEIN, SHELDON W. 549 TECHNOLOGY SQUARE CAMBRIDGE MA
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY- ST- ZIP		24 CITY- ST- ZIP	
TITLE	1 BROWN, GRAHAM M., JR. 549 TECHNOLOGY SQUARE CAMBRIDGE MA	31 TITLE	T NORWOOD, RALPH M. 549 TECHNOLOGY SQUARE CAMBRIDGE, MA
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY- ST- ZIP		34 CITY- ST- ZIP	
TITLE	0 DELAHUNT, ROBERT M. 549 TECHNOLOGY SQUARE CAMBRIDGE MA	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY- ST- ZIP		44 CITY- ST- ZIP	
TITLE	D O'NEILL, WILLIAM J. 549 TECHNOLOGY SQUARE CAMBRIDGE MA	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY- ST- ZIP		54 CITY- ST- ZIP	
TITLE	D BAU, PAUL 549 TECHNOLOGY SQUARE CAMBRIDGE MA	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY- ST- ZIP		64 CITY- ST- ZIP	

14. I do 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.

SIGNATURE: *Ralph M. Norwood* **Ralph M. Norwood** 3/19/97 617-386-6583  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice Pres. & Treas. Date Daytime Phone # 0000256

CR2E034 (9/96)