

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

FILED
May 12 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 # P13430 (4)

1. Corporation Name
POLAROID CARIBBEAN CORPORATION



Principal Place of Business PONCE DE LEON 701 MIRAMAR PUERTO RICO 00907-3636	Mailing Address 575 TECHNOLOGY SQUARE 5-E CAMBRIDGE MA 02139 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 383 Roosevelt Avenue Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 Telemundo Bldg., STE. 101 City & State	27 City & State
23 Hato Ray Zip	28 Country
24 00918 Country	25 Puerto Rico Zip
29 Country	30 Country

3. Date Incorporated or Qualified 03/02/1987	
4. FEI Number 66-0289230	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DICAMILLO, GARY T	
STREET ADDRESS	549 TECHNOLOGY SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ROTHSTEIN, SHELDON W	
STREET ADDRESS	549 TECHNOLOGY SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NORWOOD, RALPH M	
STREET ADDRESS	549 TECHNOLOGY SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'NEILL, WILLIAM J.	
STREET ADDRESS	549 TECHNOLOGY SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BAU, PAUL	
STREET ADDRESS	549 TECHNOLOGY SQUARE	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S
2.3 STREET ADDRESS	Cavanaugh, Louise L.
2.4 CITY-ST-ZIP	549 Technology Square Cambridge, MA
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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

SIGNATURE: *Ralph M. Norwood* **Ralph M. Norwood**
 Treasurer 4/29/98 781-386-6583

CFR2E034 (10/97)