


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

000025

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90109 011 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P13430**  
 1. Corporation Name  
**POLAROID CARIBBEAN CORPORATION**



Principal Place of Business 383 ROOSEVELT AVE TELEMUNDO BLDG. STE 101 HATO RAY FL 00918 US	Mailing Address 575 TECHNOLOGY SQUARE 5-E CAMBRIDGE MA 02139 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 <b>784 MEMORIAL DRIVE</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified <b>03/02/1987</b>	4. FEI Number <b>66-0289230</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICAMILLO, GARY T	1.2 NAME	
STREET ADDRESS	549 TECHNOLOGY SQUARE	1.3 STREET ADDRESS	<b>784 MEMORIAL DRIVE</b>
CITY-ST-ZIP	CAMBRIDGE MA	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVANAUGH, L L	2.2 NAME	
STREET ADDRESS	549 TECHNOLOGY SQ	2.3 STREET ADDRESS	<b>784 MEMORIAL DRIVE</b>
CITY-ST-ZIP	CAMBRIDGE MA	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORWOOD, RALPH M	3.2 NAME	
STREET ADDRESS	549 TECHNOLOGY SQUARE	3.3 STREET ADDRESS	<b>784 MEMORIAL DRIVE</b>
CITY-ST-ZIP	CAMBRIDGE MA	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEILL, WILLIAM J.	4.2 NAME	
STREET ADDRESS	549 TECHNOLOGY SQUARE	4.3 STREET ADDRESS	<b>784 MEMORIAL DRIVE</b>
CITY-ST-ZIP	CAMBRIDGE MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAU, PAUL	5.2 NAME	
STREET ADDRESS	549 TECHNOLOGY SQUARE	5.3 STREET ADDRESS	<b>784 MEMORIAL DRIVE</b>
CITY-ST-ZIP	CAMBRIDGE MA	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, with all other like empowered.

SIGNATURE: *Ralph M. Norwood* Vice president and Treasurer 4/28/99 781 386 6581  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)