

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

FILED  
Jan 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P19782** (2)

1. Corporation Name  
**J. BAKER, INC.**

Principal Place of Business  
**555 TURNPIKE STREET  
CANTON MA 02021**

Mailing Address  
**555 TURNPIKE STREET  
CANTON MA 02021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/24/1988</b>	
21		26		4. FEI Number <b>13-1722620</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24		25			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENBERG, PHILIP G</b>	1.2 NAME	
STREET ADDRESS	<b>36 CASTLE DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHARON MA</b>	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, ALAN I.</b>	2.2 NAME	
STREET ADDRESS	<b>13 KINGS RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHARON, MA</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLIFFORD, J. CHRISTOPHER</b>	3.2 NAME	
STREET ADDRESS	<b>ONE BOSTON PLACE, 34TH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CRUCE, ERVIN</b>	4.2 NAME	
STREET ADDRESS	<b>5212 PERSHING AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT WORTH TX</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINSTEIN, ALAN I</b>	5.2 NAME	
STREET ADDRESS	<b>13 KINGS RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHARON MA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>Secretary</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>Mark T. Beaudouin</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>555 Turnpike St. Canton MA 02021</b>

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:

SIGNATURE

REQUIRE

Mark T. Beaudouin

1/13/98

781-878-9300

CR2E034 (10/97)