FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:21

DOCUMENT # **P22737** (1)

1. Corporation Name
EVANS INVESTMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
398 S. CAMINO GARDENS BLVD. SUITE 204 BOCA RATON FL 33432 US	398 S. CAMINO GARDENS BLVD. SUITE 204 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/26/1989
3a. Date of Last Report: 03/21/1994

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

4. FEI Number: 52-1607784 ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

CARMAN, DEBORAH A.
1665 E. PALMETTO PARK ROAD
BOCA RATON, FL 33432

10. Name and Address of New Registered Agent

81 Name: CARROLL, SUSAN
82 Street Address (P.O. Box Number is Not Acceptable): 1140 SW 21ST LANE
83
84 City: BOCA RATON FL 85 Zip Code: 33486

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: Susan Carroll — SUSAN CARROLL — 3-25-95
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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	EVANS, MICHAEL K.	12 NAME	
STREET ADDRESS	1140 SW 21ST LANE	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	EVANS, REBECCA I	22 NAME	
STREET ADDRESS	1140 S.W 21ST LANE	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CARROLL, SUSAN	32 NAME	
STREET ADDRESS	1140 S.W 21ST LANE	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
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 is voluntarily furnished and 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 is an attachment with an address.

SIGNATURE: Susan Carroll — SUSAN CARROLL — 3-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
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Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:05

DOCUMENT # **P23372** **(6)**

1. Corporation Name
XYPLEX, INC.

Principal Place of Business	Mailing Address
330 CODMAN HILL ROAD BOXBOROUGH MA 01719	330 CODMAN HILL ROAD BOXBOROUGH MA 01719

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/13/1989**
3a. Date of Last Report: **09/16/1994**

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

4. FEI Number: **04-2737835** ☐ Applied For ☐ Not Applicable
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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA ST., 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	NESBEDA, PETER J	12 NAME	
STREET ADDRESS	330 CODMAN HILL ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	BOXBOROUGH MA 01719	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, GILBERT	22 NAME	
STREET ADDRESS	295 FOSTER STREET	23 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON MA 01460	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CONANT, GEORGE	32 NAME	
STREET ADDRESS	295 FOSTER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON MA 01460	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	FERRI, PAUL J	42 NAME	
STREET ADDRESS	211 MEADOWBROOK ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CROW, HOWARD	52 NAME	
STREET ADDRESS	44 BEDFORD STREET	53 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	SHAW, JEFFREY E	62 NAME	
STREET ADDRESS	330 CODMAN HILL ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	BOXBOROUGH MA 01719	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is correct. Voluntarily furnished and 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: _____ Jeffrey E. SHAW 3-27-95 508 952-5442
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #