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Feb 18 1997 8:00am
Secretary of State

• PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # P22899

1. Corporation Name

CALIFORNIA PRODUCTS CORPORATION

Principal Place of Business

169 WAVERLY ST
CAMBRIDGE MA 02139

Mailing Address

PO BOX 390569
CAMBRIDGE MA 02139-0007

3. Date Incorporated or Qualified

02/07/89

3a. Date of Last Report

02/07/96

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

04-1143180

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME AT
MULLANE, JEREMIAH F.
STREET ADDRESS 303 PARK AVENUE
CITY - ST - ZIP ARLINGTON MA 02174

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME STD
DEANGELIS, JOSEPH
STREET ADDRESS 85 APPLETON ROAD
CITY - ST - ZIP WAKEFIELD MA 01880

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME VD
LOHR, DAVID G.
STREET ADDRESS 35 WALT'S WAY
CITY - ST - ZIP CHEMUNGET RI 02814

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME PD
JUNKIN, JOSEPH S.
STREET ADDRESS 209 MEADOWBROOK ROAD
CITY - ST - ZIP WESTON MA 02193

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME V
WOODHULL, ROGER W.
STREET ADDRESS 44 MACK HILL ROAD
CITY - ST - ZIP AMHERST NH 03031

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

TITLE ☐ DELETE

NAME V
TUCKER, ARTHUR F.
STREET ADDRESS 39 ALDERBROOK DRIVE
CITY - ST - ZIP TOPSFIELD MA 01983

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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***165.00

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: Jeremiah F. Mullane JEREMIAH F. MULLANE

2/11/97 (617) 547-5300 X-274

CR2E034 (9/96)