PROFIT CORPORATION ANNUAL REPORT

1995

Florida Department of State
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 11 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P24154 (7)

1. Corporation Name
MICRO-PLATE/SYSTEMS, INC.

Principal Place of Business	Mailing Address
44 CAMPANELLI PARKWAY STOUGHTON MA 02072	44 CAMPANELLI PARKWAY STOUGHTON MA 02072

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/03/1989
3a. Date of Last Report: 06/01/1994

2. Principal Place of Business
21 12200 34th St. No.
22 Suite, Apt. #, etc.
23 City & State: Clearwater, Fl
24 Zip: 34622
25 Country: USA

2a. Mailing Address
26 12200 34th St. No.
27 Suite, Apt. #, etc.
28 City & State: Clearwater, Fl
29 Zip: 34622
30 Country: USA

4. FEI Number: 04-2078893 ☐ 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 initially filed an intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MAHONEY, ROBERT L.
MICRO-PLATE/SYSTEMS
12200 34TH STREET NORTH
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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	PSD	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	GUERTLER, WALTER	1.2 NAME	Brown, Stu	
STREET ADDRESS	44 CAMPANELLI PARKWAY	1.3 STREET ADDRESS	44 Campanelli Parkway	
CITY-ST-ZIP	STOUGHTON MA	1.4 CITY-ST-ZIP	Stoughton, MA 02072	
TITLE	D	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GORGI, HABIB	2.2 NAME	Barr, Greg	
STREET ADDRESS	95 TAMARACK DRIVE	2.3 STREET ADDRESS	111 Westminster Street	
CITY-ST-ZIP	E GREENWICH RI	2.4 CITY-ST-ZIP	Providence, R.I. 02903	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, RIORDON	3.2 NAME		
STREET ADDRESS	111 WESTMINSTER ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	PROVIDENCE RI 02903	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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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 on an attachment with an address.

SIGNATURE: Robert L. Mahoney 7/07/95 813-577-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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