SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P27242** **(7)**

1. Corporation Name
T-PAK, INC.

Principal Place of Business	Mailing Address
2 FIFTH ST. **PEABODY MA 01960**	**2 FIFTH ST.** **PEABODY MA 01960**

3. Date Incorporated or Qualified: **12/12/1989**	3a. Date of Last Report: **03/16/1995**
4. FEI Number: **04-2376074**	☐ 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	

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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's signature required when restated.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	ROGERS III EDWARD H.		12 NAME		
STREET ADDRESS	88 BEACON ST. # 5		13 STREET ADDRESS	45 CHESTNUT STREET	
CITY-ST-ZIP	BOSTON MA		14 CITY-ST-ZIP	N. ANDOVER, MA 01845	
TITLE	D	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	ANDERSON RICHARD W.		22 NAME		
STREET ADDRESS	34 CHATHAM WAY		23 STREET ADDRESS		
CITY-ST-ZIP	LYNNFIELD MA		24 CITY-ST-ZIP		
TITLE	D	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	WISSA, NURI A.E.Z.		32 NAME		
STREET ADDRESS	ASBURY ST.		33 STREET ADDRESS		
CITY-ST-ZIP	TOPSFIELD MA		34 CITY-ST-ZIP		
TITLE	C	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	BATCHELDER SAMUEL L. JR.		42 NAME	C	
STREET ADDRESS	18 KING ARTHUR WAY		43 STREET ADDRESS	PENMAN, GORDON	
CITY-ST-ZIP	MANFIELD MA		44 CITY-ST-ZIP	18 KING ARTHUR WAY, MANSFIELD, MA 02048	
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	DICK C. WALTER		52 NAME		
STREET ADDRESS	19 THOREAU CIRCLE		53 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY MA		54 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	BROWN, RICHARD E		62 NAME		
STREET ADDRESS	616 RIVER ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	WESTPORT MA		64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard E. Brown 6-12-96 508-532 3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #