

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

FILED

Jan 29 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 # P28747 (4)

1. Corporation Name
CARLSON DESIGN/CONSTRUCT CORP.

Principal Place of Business Mailing Address
3 SPEEN ST 3 SPEEN ST
STE 410 STE 410
FRAMINGHAM MA 01701 FRAMINGHAM MA 01701-4658
US US

3. Date Incorporated or Qualified 03/27/1990 3a. Date of Last Report 06/05/1996

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

4. FEI Number 04-2263398 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
CT CORPORATION SYSTEM
1200 S. 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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE VTD ☐ DELETE 11 TITLE President/Director ☒ Change ☐ Addition
NAME JOHNSON, WILLIAM R. 12 NAME Johnson, William R.
STREET ADDRESS 3 SPEEN ST STE 410 13 STREET ADDRESS 3 SPEEN ST, Suite 410
CITY-ST-ZIP FRAMINGHAM MA 14 CITY-ST-ZIP FRAMINGHAM, MA 01701
TITLE PD ☐ DELETE 21 TITLE VICE PRESIDENT/Director ☒ Change ☐ Addition
NAME HUNTER, DANIEL 22 NAME Hunter, DANIEL
STREET ADDRESS 3 SPEEN ST, STE 410 23 STREET ADDRESS 3 Speen St, Suite 410
CITY-ST-ZIP FRAMINGHAM MA 24 CITY-ST-ZIP FRAMINGHAM, MA 01701
TITLE S ☐ DELETE 31 TITLE ☐ Change ☐ Addition
NAME KRAUSS, STEPHEN E 32 NAME
STREET ADDRESS 3 SPEEN ST. SUITE 410 33 STREET ADDRESS
CITY-ST-ZIP FRAMINGHAM MA 34 CITY-ST-ZIP
TITLE VD ☐ DELETE 41 TITLE ☐ Change ☐ Addition
NAME FRASER, WILLIAM B 42 NAME
STREET ADDRESS 3 SPEEN ST STET 410 43 STREET ADDRESS
CITY-ST-ZIP FRAMINGHAM MA 44 CITY-ST-ZIP
TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE ☐ DELETE 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 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 or changed for an attachment with an address.

SIGNATURE: *Stephen E. Krauss* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1/9/97 (508) 370-0100

DATE DAYTIME PHONE #

CR2E034 (9/96)