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

APPROVED AND FILED

95 APR 25 AM 9:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30074** **(9)**

1. Corporation Name

TAD RESOURCES INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
639 MASSACHUSETTS AVE. CAMBRIDGE MA 02139	639 MASSACHUSETTS AVE. CAMBRIDGE MA 02139

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1990
3a. Date of Last Report: 04/13/1994

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: 04-2837297 ☐ 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

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	1.1 TITLE	☐ Change ☐ Addition
NAME	DAVID J. MCGRATH, JR.	1.2 NAME	
STREET ADDRESS	300 BOYLSTON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	1.4 CITY-ST-ZIP	
TITLE	VPT	2.1 TITLE	☐ Change ☐ Addition
NAME	NORMAN WIRTZ	2.2 NAME	
STREET ADDRESS	15 STILLWELL AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFOLK MA	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	NEWHALL, NORMAN A	3.2 NAME	
STREET ADDRESS	37 BRASSIE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	N READING MA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	KATTER, WILLIAM	4.2 NAME	
STREET ADDRESS	128 LONGFELLOW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FISHMAN, FRED B	5.2 NAME	
STREET ADDRESS	BOX 115, APT 10C, 200 HAMILTON	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HOLT, ROLAND	6.2 NAME	
STREET ADDRESS	250 COMMERCIAL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MANCHESTER NH	6.4 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 on an attachment with an address.

SIGNATURE: √ A R Wirtz Norm Wirtz 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0383804 FP