

**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 # **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**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/05/1990</b>	3a. Date of Last Report <b>04/25/1995</b>
21	Suite, Apt #, etc	26	Suite, Apt #, etc	4. FEI Number <b>04-2837297</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required whenever changing)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DAVID J. MCGRATH, JR.</b>			1.2 NAME	<b>JAMES S. DAVIS</b>		
STREET ADDRESS	<b>300 BOYLSTON STREET</b>			1.3 STREET ADDRESS	<b>639 MASSACHUSETTS AVE</b>		
CITY-ST-ZIP	<b>BOSTON MA</b>			1.4 CITY-ST-ZIP	<b>CAMBRIDGE, MA 02139</b>		
TITLE	<b>VPT</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>VPT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>NORMAN WIRTZ</b>			2.2 NAME	<b>MALCOLM A. HIGB</b>		
STREET ADDRESS	<b>15 STILLWELL AVENUE</b>			2.3 STREET ADDRESS	<b>639 MASSACHUSETTS AVE</b>		
CITY-ST-ZIP	<b>NORTHFOLK MA</b>			2.4 CITY-ST-ZIP	<b>CAMBRIDGE, MA 02139</b>		
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>NEWHALL, NORMAN A</b>			3.2 NAME			
STREET ADDRESS	<b>37 BRASSIE WAY</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>N READING MA</b>			3.4 CITY-ST-ZIP			
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>KATTER, WILLIAM</b>			4.2 NAME			
STREET ADDRESS	<b>128 LONGFELLOW ROAD</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>SUDBURY MA</b>			4.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>FISHMAN, FRED B</b>			5.2 NAME			
STREET ADDRESS	<b>BOX 115, APT 10C, 200 HAMILTON</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PHILADELPHIA PA</b>			5.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOLT, ROLAND</b>			6.2 NAME			
STREET ADDRESS	<b>250 COMMERCIAL ST</b>			6.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MANCHESTER NH</b>			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)(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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*      **4/18/96**      **617 868 166**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)