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**Apr 21 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 # P30074 (9)
1. Corporation Name
TAD RESOURCES INTERNATIONAL, INC.



Principal Place of Business: **639 MASSACHUSETTS AVE., CAMBRIDGE MA 02139**
Mailing Address: **639 MASSACHUSETTS AVE., CAMBRIDGE MA 02139-3337**

3. Date Incorporated or Qualified: **07/05/1990**
3a. Date of Last Report: **06/22/1996**
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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New 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	P	<input type="checkbox"/> DELETE
NAME	DAVIS, JAMES S.	
STREET ADDRESS	639 MASSACHUSETTS AVE.	
CITY - ST - ZIP	CAMBRIDGE MA 02139	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	NORMAN WIRTZ	
STREET ADDRESS	15 STILLWELL AVENUE	
CITY - ST - ZIP	NORTHFOLK MA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEWHALL, NORMAN A	
STREET ADDRESS	37 BRASSIE WAY	
CITY - ST - ZIP	N READING MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KATTER, WILLIAM	
STREET ADDRESS	128 LONGFELLOW ROAD	
CITY - ST - ZIP	SUDBURY MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FISHMAN, FRED B	
STREET ADDRESS	BOX 115, APT 10C, 200 HAMILTON	
CITY - ST - ZIP	PHILADELPHIA PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLT, ROLAND	
STREET ADDRESS	250 COMMERCIAL ST	
CITY - ST - ZIP	MANCHESTER NH	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Sr V.P.
2.3 STREET ADDRESS	Richard J Chipman
2.4 CITY - ST - ZIP	639 Massachusetts Avenue Cambridge, MA 02139
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 if changed, or on an attachment with an address.

SIGNATURE: *Richard J Chipman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Richard J Chipman Sr Vice President March 30, 97 617-868-1620**
DATE: _____ DAYTIME PHONE: **6000283**

CR2E034 (9/96)