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 MAR 15 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P30104 (4)

1. Corporation Name
A.W. CHESTERTON COMPANY

Principal Place of Business	Mailing Address
225 FALLON ROAD STONEHAM MA 02180	225 FALLON ROAD STONEHAM MA 02180

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/05/1990
3a. Date of Last Report: 03/29/1994

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: 04-1173400 ☐ 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

WARNER, JAMES
13801 MCCORMICK DRIVE
TAMPA FL 33625

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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	CHESTERTON, JAMES D.	1.2 NAME	
STREET ADDRESS	117 BOW STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PORTSMOUTH NH	1.4 CITY-ST-ZIP	PORTSMOUTH, NH 03801
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	VANWOERKOM, JACK A.	2.2 NAME	
STREET ADDRESS	26 WALDRON ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLEHEAD MA	2.4 CITY-ST-ZIP	MARBLEHEAD, MA 01945
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	BOWEN, ROBERT	3.2 NAME	
STREET ADDRESS	38 NARROW ROCKS RD.	3.3 STREET ADDRESS	53 Acton Road
CITY-ST-ZIP	WESTPORT CT	3.4 CITY-ST-ZIP	Wellesley, MA 02181-2706
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	CARROLL, JOHN M.	4.2 NAME	
STREET ADDRESS	50 CHANNING AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	4.4 CITY-ST-ZIP	PROVIDENCE, RI 02906
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	COGBILL III, MACLIN B.	5.2 NAME	D Arthur Blasberg, Jr.
STREET ADDRESS	9 SADDLE RIDGE RD.	5.3 STREET ADDRESS	54 Beacon Street
CITY-ST-ZIP	DOVER MA	5.4 CITY-ST-ZIP	Boston, MA 02108
TITLE	VD	6.1 TITLE	☒ Change ☐ Addition
NAME	HOYLE, RICHARD F.	6.2 NAME	
STREET ADDRESS	503 MAIN STREET UNIT #1	6.3 STREET ADDRESS	460 East Broadway
CITY-ST-ZIP	AMESBURY MA	6.4 CITY-ST-ZIP	Haverhill, MA 01830

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: [signature] 3/9/95 (617)481-2326
15. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Robert L Bowen

0478360 FP