

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P32795

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** THE MIDDLESEX CORPORATION

**Current Principal Place of Business:**

ONE SPECTACLE POND ROAD  
LITTLETON, MA 01460 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE SPECTACLE POND ROAD  
LITTLETON, MA 01460 US

**New Mailing Address:**

**FEI Number:** 04-2534615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** PEREIRA, ROBERT W  
**Address:** 10801 COSMONAUT BOULEVARD  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** PD  
**Name:** APONAS, ALFRED S  
**Address:** 10801 COSMONAUT BOULEVARD  
**City-St-Zip:** ORLANDO, FL 32824 US

**Title:** PD  
**Name:** MABARDY, ROBERT  
**Address:** ONE SPECTACLE POND ROAD  
**City-St-Zip:** LITTLETON, MA 01460 US

**Title:** SVPD  
**Name:** JACOBSON, ROBERT N  
**Address:** ONE SPECTACLE POND ROAD  
**City-St-Zip:** LITTLETON, MA 01460 US

**Title:** SVP  
**Name:** SOCCI, DAVID P  
**Address:** ONE SPECTACLE POND ROAD  
**City-St-Zip:** LITTLETON, MA 01460 US

**Title:** PD  
**Name:** PERIERA, ROBERT W II  
**Address:** 10801 COSMONAUT BOULEVARD  
**City-St-Zip:** ORLANDO, FL 32824

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ROBERT N. JACOBSON

SVPD

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Jan. 7. 2011 12:28PM

No. 5901 P. 2

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Florida Department Of State  
Division Of Corporations  
ATTN: Andy Dunlap

Addition to Document Number: P32795 2011 Annual Report

Officer/Director Name And Address:

Name And Address #7

Title	Sr. V.P. Construction
Name (Last, First, Middle)	Skerrett, David K.
Street Address	One Spectacle Pond Road
City, State	Littleton, MA
Zip Code & Country	01460 USA

Name And Address #8

Title	V.P. Construction Operations
Name (Last, First, Middle)	Cavatorta, John P.
Street Address	One Spectacle Pond Road
City, State	Littleton, MA
Zip Code & Country	01460 USA