

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #P33427

1. Corporation Name

PBP Venture Corporation

Principal Place of Business

Mailing Address

c/o Aldrich Eastman Waltch
225 Franklin Street
Boston, MA 02110

Same

3. Date Incorporated or Qualified

4/4/91

3a. Date of Last Report

4/30/95

4. FEI Number

04-3114672

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT Corporation System
1200 South 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 607.0602 and 607.1506, 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 (if applicable)

(If filer is Registered Agent, Signature required after installation)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Director ☒ DELETE
NAME Reid G. Samuelson
STREET ADDRESS 1700 Earlmont Avenue
CITY-ST-ZIP La Canada, CA 91011

11 TITLE President/Director ☒ Change ☐ Addition
12 NAME Robert G. Gifford
13 STREET ADDRESS 41 Oxford Road
14 CITY-ST-ZIP Newton Centre, MA 02159

TITLE Vice-President/Director ☐ DELETE
NAME Thomas K. Albert
STREET ADDRESS 176 Ocean Street
CITY-ST-ZIP Lynn, MA 01902

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE Vice-President/Director ☐ DELETE
NAME J. Grant Monahan
STREET ADDRESS 68 Snake Hill Road
CITY-ST-ZIP Belmont, MA 02178

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE Treasurer ☐ DELETE
NAME Gerd A. Cross
STREET ADDRESS 47 Robinson Creek Road
CITY-ST-ZIP Pembroke, MA 02359

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE Clerk ☐ DELETE
NAME J. Grant Monahan
STREET ADDRESS 68 Snake Hill Road
CITY-ST-ZIP Belmont, MA 02178

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE Assistant Clerk ☐ DELETE
NAME Arleen M. Bernardi
STREET ADDRESS 22 Westvale Road
CITY-ST-ZIP Milton, MA 02186

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(a), 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 my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arleen M. Bernardi Assistant Clerk

4/30/96

6/5/96 1000

CR2E034 (12/95)