

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P33427

(6)

1. Corporation Name

PBP VENTURE CORPORATION

Principal Place of Business

% ALDRICH, EASTMAN & WALTCH, INC.
225 FRANKLIN ST.,
BOSTON MA 02110

Mailing Address

% ALDRICH, EASTMAN & WALTCH, INC.
225 FRANKLIN ST.,
BOSTON MA 02110-2804



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/04/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

04-3114672

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
STREET ADDRESS GIFFORD, ROBERT G
CITY-ST-ZIP 41 OXFORD RD.
NEWTON CENTRE MA 02159

TITLE ☐ DELETE

NAME VSD
STREET ADDRESS GRANT, MONAHON, J. GRANT
CITY-ST-ZIP 88 SNAKE HILL RD.
BELMONT MA 02178

TITLE ☒ DELETE

NAME T
STREET ADDRESS CROSS, GERDA
CITY-ST-ZIP 47 RONBINSON CREEK RD.
PEMBROKE MA 02359

TITLE ☐ DELETE

NAME VD
STREET ADDRESS ALBERT, THOMAS K
CITY-ST-ZIP 176 OCEAN ST.
LYNN MA 01902

TITLE ☐ DELETE

NAME AT
STREET ADDRESS BIEBUSCH, DOREEN M.
CITY-ST-ZIP 75 FOUNDARY ST. UNIT #35
S. EASTON MA 02375

TITLE ☐ DELETE

NAME AC
STREET ADDRESS BERNARDI, ARLEEN M.
CITY-ST-ZIP 225 FRANKLIN STREET
BOSTON MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Ms. KARIN LADVELUND
225 FRANKLIN STREET C/O ALB
BOSTON MA 02110

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:

SIGNATURE: [Signature]

4/28/97

CR2E034 (9/96)