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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Socretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P35070

(2)

## PATTEN CORPORATION (MASS)

Principal Pl	ace of Business	Mailing Address			,				
5295 TOWN CENTER RD SUITE 400		5295 TOWN CENTER RD SUITE 400							
BOCA RATON FL 33486		BOCA RATON FL 33486		3. Date Incorporated or Qualified					
2. Prinopa	Il Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				03-0300793			Not Applicable
Suite, Apl. #, etc. [22]		Suite, Apt. #, etc. 27			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & S 	tate	City & State				Election Campaign Financing     Trust Fund Contribution			May Be
<b>23</b> ]	Country	7 ip	Count	ini					d to Fees
24	25	29 30		u y		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
9. Name and Address of Cur				<u> </u>		10. Name and Address of New Registered Agent			
	*		8	н	Name				
THE R	PRENTICE-HALL CORPORATION SY	(STEM. INC.	-	12	Street Addr	ess (P.O. Box Number is Not Acceptat	do)		
	HAYS STREET	, o ( E ( ) , ( ) , ( )	°	"	Oli BBL ADDI	ess (F.O. BOX NOTIDE) IS NOT Acceptat	ле)		
SUITE			8	:3					
TALL	AHASSEE FL 32301			14	City			85 Z	p Code
			ľ	7	Oity		FL	.   65   21	p code
or regi familiai	ant to the provisions of Sections 607.0502 stered agent, or both, in the State of Flori r with, and accept the obligations of, Sect	2 and 607.1508, Florida Statut da. Such change was authoriz lion 607.0505, Florida Statutes	tes, the above zed by the co s.	e-na rpo	amed corpor oration's boar	ation submits this statement for the pured of directors. I hereby accept the app	rpose of ch ointment as	anging its i registered	registered office d agent. I am
SIGNATUR	ESignature typest or peritod name of registered agon	Land the diameterable /NO	O*€ Registered A		Signature percursor	d when reinstations	DATE		
12.	· · · · · · · · · · · · · · · · · · ·	D DIRECTORS	13.	9.7.	og a.a.c.roquio	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
TITLE	CP	DELETE	1. 1 T(T)		CI	PD	<b>Y</b>	Change	Addition
NAME	DONOVAN, GEORGE F		1.2 NAM	1E	DC	ONOVAN, GEORGE F.			
STREET ADDRE	SS 5295 TOWN CENTER RD.		1.3 STREE			295 TOWN CENTER ROAD			
C/TY-\$1-7/P	BOCA RATON FL		1.4 CITY		·ZIP BC	CA RATON, FL 33486			
TIP LE	D	DELETE 2 1						Change	Addition
NAME	MYERS, FREDERICK M.		2.2 NAM	1E					
STREET ADDRE	SS 66 WEST STREET	3 WEST STREET		2 3 STREET ADDRESS					
CITY - ST - ZIP	PITTSFIELD MA		2 4 CIT		- 21P				
TITLE	D	□ DELETE	3. 1 T(T)	.E			!	Change	☐ Addition
NAME	ABELES, JOSEPH C.		3.2 NAM	E			-		
STHEFT ADDRE	1000 000, 0110 110110		33 STR	EET.	ADDRESS				
C-TY-ST-Z-P	PLEASANTVILLE NY		3 4 CITY		- ZIP			=	
TITLE	D FOOTE DAIDILA	☐ DELETE	4. 1 T/TL					☐ Change	☐ Addition
NAME DEVICE ADDRESS	FOOTE, RALPH A.		4 2 NAM						
STHEET ADDRE	-,, -				ADDRESS				
CITY-ST ZIP	MIDDLEBURY VT	☐ DELETE	4.4 CITY 5 1 TITL		- ZIP			Change	Addition
NAME	SV Rondeau, Patrick E.		5 2 NAM					☐ Change	☐ MOUNTON
STREET ADDRE					ADDRESS				
617Y - 87 - 71P	BOCA RATON FL								
TITUE	T	☐ DELETE	6 1 Till		· zir			Change	Addition
NAME	MURRAY, ALAN L.	J	6.2 NAM					<u> </u>	<b>—</b>
STREET ACORE			1		ADDRESS				
CITY - ST - ZIP	BOCA RATON FL		6.4 CITY						
14. Ldo he	preby certify that the information supplied	with this filing is voluntarily furr	nished and do	oes	not qualify for	or the exemption stated in Section 119	.07(3)(k), Fi	orida Statu	tes. I further
certify oath; t appea	that the information indicated on this ann hat I am an officer or director of the corre rs in Block 12 or Block 23 if changed, or	ual report in supplemental and bration of the receiver or truste on an attachment with an add	nual report is se empowere Iress.	true d to	e and accura o execute thi	te and that my signature shall have the s report as required by Chapter 607, Fi	same lega orida Statu	effect as i les; and th	if made under lat my name

SIGNATURE:

PATRICK
NATURE AND TYPED OR PRINTING NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK E. RONDEAU

1/19/96

407-361-2705

Daytime Phone #

CR2E