FILE NOW: FILING FEE AFTER MAY 1 IS \$55 00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMEN DE STATE

Sandra B. Mor

Secretary of St 3
DIVISION OF CORPO ATIONS

1997

DOCUMENT # P35916

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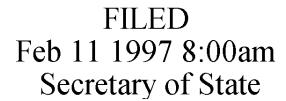
METHODS MACHINE TOOLS, INC.

Principal Place of Business Mailing Address

65 UNION AVE.

SUDBURY MA 01776

SUDBURY MA 01776-2245





				· · · · · · · · · · · · · · · · · · ·	ite of Last Report	
2. Principal P	iace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		04-2254513	Not Applicable	
Suite, Apt #, etc		Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State				6. Election Campaign Financing	\$5.00 May Be	
23 28		28	Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country	8. This corporation has liability for intangible		
24	25	29	30]		No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
CHAPIN, ROBERT JR				MICHAEL TUARUS		
108 MACHEN OBLAS			82 Stree			
Brandon Pl 32879			83	83 10UI LOVE STREET		
	·					
			84 City	TIMETER FL	85 Zip Code	
11. Pursuant	to the provisions of Sections 607	0502 and 607 1508. Florida Statu	les the above-name	VUD1101-	changing its registered	
office or r	registered agent, or both, in the Sirrn familiar with, and agreept the of	tate of Florida, Such change was	authorized by the co	ed corporation submits this statement for the purpose of proporation's board of directors. I hereby accept the app	ointment as registered	
	in laditial with and accept the vi	Jilganijosjor, Section 607.0005, Pi	Unua Siatutes.	02/04/97	,	
(SIGNATURE)	Signature, typed or printed harne of registered	I agent and title if applicable (NO	E: Registered Agent signat	ure required when reinstaling) DATE		
12.	OFFICERS	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	COP	DELETE	1,1 TITLE		Change Addition	
NAME	MCIVER, CLEMENT, JR.		1.2 NAME			
STREET ADDRESS	150 DAKIN RD.		1.3 STREET ADDRES	s		
CITY-ST-ZIF	SUDBURY MA		1.4 CITY-ST-ZIP			
TITLE	V D	DELETE	2.1 TITLE		Change Addition	
NAME	WHIPPEN, WAYNE K.		2.2 NAME	'		
STREET ADDRESS	35 FIELD RD.		2.3 STREET ADDRES	s]		
CITY-ST-ZIP	SUDBURY MA		2 4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE		Change Addition	
NAME	GEORGE, PAUL		3.2 NAME		*	
STREET ADDRESS	20 WILLIAM ST.		3.3 STREET ADDRES	s (
CITY - ST - 7IP	WELLESLEY MA		3.4. CITY-ST-ZIP			
TITLE	TD	☐ DELETE	4.1 TeTLE		Change Addition	
NAME	DEYSHER, BRYON G.		4. 2 NAME			
STREET ADDRESS	28 GUZZLEBROOK DR.		4.3 STREET ADDRES	s		
CITY - ST - ZIP	SUDBURY MA		4.4 CITY-ST-ZIP			
TOLE		☐ DELETE	5.1 TITLE		Change Addition	
NAM8			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRES	S		
CITY-ST-ZIP		-	5.4 CITY+ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRES	s		
CITY - S1 - ZIP			64 CITY - ST - ZIP		·	
14. I do here	by certify that the information sup	plied with this filing does not qual	ify for the exemption	n stated in Section 119.07(3)(i), Florida Statutes. I further	certify that the	

4. 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 origination 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 Bl

SIGNATURE

AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/57

108-447-5788