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Jan 15 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

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

DOCUMENT # P41100 (9)

1. Corporation Name
REED AND BARTON CORPORATION



Principal Place of Business: **144 WEST BRITANNIA ST. TAUNTON MA 02780**
 Mailing Address: **144 WEST BRITANNIA ST. TAUNTON MA 02780-1634**

3. Date Incorporated or Qualified: **10/20/1992**
 3a. Date of Last Report: **01/24/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	04-1763310	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent: **C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324**

10. Name and Address of New Registered Agent:

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DC WEEKS, SINCLAIR, JR.	1.2 NAME	
STREET ADDRESS	1000 WINTER STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WALTHAM MA	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DP KREBEL, ALBERT D.	2.2 NAME	
STREET ADDRESS	144 WEST BRITANNIA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAUNTON MA	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D DYKSTRA, WILLIAM H.	3.2 NAME	346 TREMONT ST.
STREET ADDRESS	144 WEST BRITANNIA ST.	3.3 STREET ADDRESS	BRAINTREE, MA 02184
CITY-ST-ZIP	TAUNTON MA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVC GIFFORD, NELSON S.	4.2 NAME	75 FEDERAL ST.
STREET ADDRESS	50 FEDERAL ST.	4.3 STREET ADDRESS	BOSTON, MA 02110
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVP TERRY, CHARLES P	5.2 NAME	
STREET ADDRESS	66 WALKER ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	NO DIGHTON MA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D SILK, ALVIN J.	6.2 NAME	
STREET ADDRESS	317 TAPPAN ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA	6.4 CITY-ST-ZIP	

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: *Charles P. Terry* **CHARLES P. TERRY** 01-06-97 (508) 824-6611
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)