

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
 2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 10/20/1992
 4. FEI Number: 04-1763310
 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 (81-85)

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 signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE: DC | <input type="checkbox"/> DELETE |
| NAME: WEEKS, SINCLAIR, JR. | |
| STREET ADDRESS: 1000 WINTER STREET | |
| CITY-ST-ZIP: WALTHAM MA | |
| TITLE: DP | <input type="checkbox"/> DELETE |
| NAME: KREBEL, ALBERT D. | |
| STREET ADDRESS: 144 WEST BRITANNIA ST. | |
| CITY-ST-ZIP: TAUNTON MA | |
| TITLE: D | <input checked="" type="checkbox"/> DELETE |
| NAME: DYKSTRA, WILLIAM H. | |
| STREET ADDRESS: 346 TREMONT ST | |
| CITY-ST-ZIP: BRAINTREE MA 02184 | |
| TITLE: DVC | <input type="checkbox"/> DELETE |
| NAME: GIFFORD, NELSON S. | |
| STREET ADDRESS: 75 FEDERAL ST | |
| CITY-ST-ZIP: BOSTON MA 02110 | |
| TITLE: DVP | <input type="checkbox"/> DELETE |
| NAME: TERRY, CHARLES P | |
| STREET ADDRESS: 68 WALKER ST | |
| CITY-ST-ZIP: NO DIGHTON MA | |
| TITLE: D | <input type="checkbox"/> DELETE |
| NAME: SILK, ALVIN J. | |
| STREET ADDRESS: 317 TAPPAN ST. | |
| CITY-ST-ZIP: BROOKLINE MA | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Weeks, William D. |
| 3.3 STREET ADDRESS | 130 Border Street |
| 3.4 CITY-ST-ZIP | Cohasset, MA 02025 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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: _____ DATE: 8/24/98 (508) 824-6611

CR2E034 (5/98)