



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

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P41100**  
 1. Corporation Name  
**REED AND BARTON CORPORATION**

Principal Place of Business <b>144 WEST BRITANNIA ST. TAUNTON MA 02780</b>	Mailing Address <b>144 WEST BRITANNIA ST. TAUNTON MA 02780</b>
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FILED  
 MAY 17 PM 2:36  
 SECRETARY OF STATE



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	22	26	27	10/20/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
City & State		City & State		04-1763310	Not Applicable
Zip		Country		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24	25	29	30	<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				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 signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, SINCLAIR, JR.	12 NAME	500002907635--8
STREET ADDRESS	1000 WINTER STREET	13 STREET ADDRESS	-06/17/93--01064--004
CITY-ST-ZIP	WALTHAM MA	14 CITY-ST-ZIP	****550.00 ****550.00
TITLE	DP <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREBEL, ALBERT D.	22 NAME	
STREET ADDRESS	144 WEST BRITANNIA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	TAUNTON MA	24 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEKS, WILLIAM D	32 NAME	
STREET ADDRESS	130 BORDER STREET	33 STREET ADDRESS	
CITY-ST-ZIP	COHASSET MA 02025	34 CITY-ST-ZIP	
TITLE	DVC <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIFFORD, NELSON S.	42 NAME	
STREET ADDRESS	75 FEDERAL ST	43 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02110	44 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRY, CHARLES P	52 NAME	
STREET ADDRESS	66 WALKER ST	53 STREET ADDRESS	
CITY-ST-ZIP	NO DIGHTON MA	54 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILK, ALVIN J.	62 NAME	
STREET ADDRESS	317 TAPPAN ST.	63 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA	64 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, with all other like empowered.

SIGNATURE: Charles P. Terry **CHARLES P. TERRY** 4-27-99 508-824-6611  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #