FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 10 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000010 (9)**

1. Corporation Name
THE MOORE COMPANY

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
38 BEACH STREET WESTERLY RI 02891	38 BEACH STREET WESTERLY RI 02891

3. Date Incorporated or Qualified: **01/04/1993**
3a. Date of Last Report: **03/17/1994**

2. Principal Place of Business	2a. Mailing Address
21	26 PO Box 538
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Westerly, RI
Zip / Country 24 / 25	Zip / Country 29 02891 / 30 USA

4. FEI Number: **05-0185270** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	11 TITLE		☒ Change ☐ Addition
NAME	BUCKLEY, AL S	12 NAME		
STREET ADDRESS	38 BEACH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	WESTERLY RI	14 CITY-ST-ZIP	Westerly, RI 02891	
TITLE	V	21 TITLE	Vice President	☐ Change ☒ Addition
NAME	SCHULTE, HUBERT W Remove	22 NAME	Kathleen Lanni	
STREET ADDRESS	38 BEACH STREET	23 STREET ADDRESS	36 Beach Street	
CITY-ST-ZIP	WESTERLY RI	24 CITY-ST-ZIP	Westerly, RI 02891	
TITLE	S	31 TITLE		☒ Change ☐ Addition
NAME	BARBER, ALEXANDRA MOOR	32 NAME		
STREET ADDRESS	38 BEACH STREET	33 STREET ADDRESS		
CITY-ST-ZIP	WESTERLY RI	34 CITY-ST-ZIP	Westerly, RI 02891	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	SCOTT, WILLIAM R	42 NAME		
STREET ADDRESS	38 BEACH STREET	43 STREET ADDRESS		
CITY-ST-ZIP	WESTERLY RI 02891	44 CITY-ST-ZIP		
TITLE	CD	51 TITLE	Chairman	☒ Change ☐ Addition
NAME	MOORE, THOMAS F	52 NAME		
STREET ADDRESS	38 BEACH STREET	53 STREET ADDRESS		
CITY-ST-ZIP	WESTRLY MA 02891	54 CITY-ST-ZIP	Westerly, RI 02891	
TITLE	C	61 TITLE	Deputy Chairman	☒ Change ☐ Addition
NAME	MOORE, PETER F	62 NAME		
STREET ADDRESS	38 BEACH STREET	63 STREET ADDRESS		
CITY-ST-ZIP	WESTRLY MA	64 CITY-ST-ZIP	Westerly, RI 02891	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William R. Scott ,William R. Scott 4/4/95 401-596-2816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Treasurer

0478334 FP