

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:13

DOCUMENT # 838478 (6)

1. Corporation Name
IMTRA CORPORATION

Principal Place of Business Mailing Address
30 SAMUEL BARNET BLVD 30 SAMUEL BARNET BLVD
NEW BEDFORD MA 02745 NEW BEDFORD MA 02745

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/24/1977 3a. Date of Last Report 01/25/1994

21	2. Principal Place of Business	26	2b. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	04-2137249	Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	Zip		Zip	<input type="checkbox"/>	\$5.00 May Be Added to Fees
23	Country	28	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STEARNS, STEPHEN 4740-126TH AVE., N. CLEARWATER FL 34622				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0602 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) (Date) (Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARNHAM, WILLIAM H., JR.	2. NAME	
STREET ADDRESS	15 WEST RIVER ROAD	3. STREET ADDRESS	02738
CITY-ST-ZIP	MARION MA	4. CITY-ST-ZIP	
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULER, CLARK S	22. NAME	
STREET ADDRESS	646 MARRETT ROAD	23. STREET ADDRESS	02173
CITY-ST-ZIP	LEXINGTON MA	24. CITY-ST-ZIP	
TITLE	SD	31. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERSON, WILLIAM G.	32. NAME	
STREET ADDRESS	103 PINCKNEY ST.	33. STREET ADDRESS	02114
CITY-ST-ZIP	BOSTON MA	34. CITY-ST-ZIP	
TITLE	T	41. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERSON, EDWARD S	42. NAME	
STREET ADDRESS	231 RANDOLPH AVE	43. STREET ADDRESS	02186
CITY-ST-ZIP	MILTON MA	44. CITY-ST-ZIP	
TITLE	VD	51. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, FRANCIS N	52. NAME	
STREET ADDRESS	163 MATHEWSON RD	53. STREET ADDRESS	02806
CITY-ST-ZIP	BARRINGTON RI	54. CITY-ST-ZIP	
TITLE	V	61. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, DAVID E	62. NAME	
STREET ADDRESS	593 HIGHLAND RD	63. STREET ADDRESS	02878
CITY-ST-ZIP	TIVERTON RI	64. CITY-ST-ZIP	

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 118.07(3)(a), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward S. Rogerson EDWARD S. ROGERSON 2/7/95 508-745-7000
(Signature typed or printed name of signing officer if on director)