

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **838478** (6)

1. Corporation Name  
**IMTRA CORPORATION**



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

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>05/24/1977</b>	<b>02/21/1995</b>
4. FEI Number	Applied For
<b>04-2137249</b>	Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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

**STEARNS, STEPHEN  
4740-126TH AVE., N.  
CLEARWATER FL 34622**

81	Name	<b>Ed Dickson</b>
82	Street Address (P.O. Box Number is Not Acceptable)	<b>1043 Ashley Avenue</b>
83		
84	City	<b>Indian Harbor Beach</b>
85	Zip Code	<b>FL 32937</b>

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: *E. D. Dickson* **ED DICKSON** **22 MARCH '96**  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when registering.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARNHAM, WILLIAM H., JR.	1.2 NAME	
STREET ADDRESS	15 WEST RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARION MA	1.4 CITY-ST-ZIP	<b>02738</b>
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHULER, CLARK S	2.2 NAME	
STREET ADDRESS	646 MARRETT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA	2.4 CITY-ST-ZIP	<b>02193</b>
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERSON, WILLIAM G.	3.2 NAME	
STREET ADDRESS	103 PINCKNEY ST.	3.3 STREET ADDRESS	<b>103 Pickney Street</b>
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	<b>02114</b>
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROGERSON, EDWARD S	4.2 NAME	
STREET ADDRESS	231 RANDOLPH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA	4.4 CITY-ST-ZIP	<b>02186</b>
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, FRANCIS N	5.2 NAME	
STREET ADDRESS	163 MATHEWSON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON RI	5.4 CITY-ST-ZIP	<b>02806</b>
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEWART, DAVID E	6.2 NAME	
STREET ADDRESS	593 HIGHLAND RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TIVERTON RI	6.4 CITY-ST-ZIP	<b>02878</b>

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)(g), 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: *Edward S. Rogerson* **3/4/96** **508-995-7000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Date) (Telephone #)

CR2E034 (12/95)