

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 02745-1205

3. Date Incorporated or Qualified: 05/24/1977
3a. Date of Last Report: 03/27/1996
4. FEI Number: 04-2137249
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

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

9. Name and Address of Current Registered Agent
DICKSON, ED
1043 ASHLEY AVE
INDIAN HARBOR BCH FL 32937

10. Name and Address of New Registered Agent
81 Name: DICKSON ED
82 Street Address (P.O. Box Number is Not Acceptable): 700 WAVECREST AVE
83
84 City: INDIALANTIC FL 85 Zip Code: 32903

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, if applicable, (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD FARNHAM, WILLIAM H., JR. 15 WEST RIVER ROAD MARION MA	1.1 TITLE	V BRIC A. BRASTMAYER 311 CONVERSE RD. MARION, MA 02738
NAME	VD SCHULER, CLARK S 648 MARRETT ROAD LEXINGTON MA	1.2 NAME	V CHARLES J FARNHAM 118 ALFRED DROWN BARRINGTON, RI 02906
STREET ADDRESS	SD ROGERSON, WILLIAM G. 103 PICKNEY ST BOSTON MA	1.3 STREET ADDRESS	
CITY-ST-ZIP	T ROGERSON, EDWARD S 231 RANDOLPH AVE MILTON MA	1.4 CITY-ST-ZIP	
	VD BISHOP, FRANCIS N 163 MATHEWSON RD BARRINGTON RI	2.1 TITLE	
	V STEWART, DAVID E 593 HIGHLAND RD TIVERTON RI	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do 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: Edward S. Rogerson EDWARD S. ROGERSON 2/7/97 508-995-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)