

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90114 047 \*\*\*158.75

**DOCUMENT # 838478**



1. Entity 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**

**90003154**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2137249**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKSON, ED  
700 WAVECREST AVE  
INDIALANTIC FL 32903**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C**  Delete  
NAME **FARNHAM, WILLIAM H., JR.**  
STREET ADDRESS **15 WEST RIVER ROAD**  
CITY-ST-ZIP **MARION MA**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **V**  Delete  
NAME **BRAITMAYER, ERIC A**  
STREET ADDRESS **311 CONVERSE RD**  
CITY-ST-ZIP **MARION MA**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **SD**  Delete  
NAME **ROGERSON, WILLIAM G.**  
STREET ADDRESS **33 PIER 7**  
CITY-ST-ZIP **CHARLESTOWN MA 02129**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **T**  Delete  
NAME **ROGERSON, EDWARD S**  
STREET ADDRESS **231 RANDOLPH AVE**  
CITY-ST-ZIP **MILTON MA**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **P**  Delete  
NAME **BISHOP, FRANCIS N**  
STREET ADDRESS **163 MATHEWSON RD**  
CITY-ST-ZIP **BARRINGTON RI**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

TITLE **V**  Delete  
NAME **FARNHAM, CHARLES I**  
STREET ADDRESS **118 ALFRED DROWNE**  
CITY-ST-ZIP **BARRINGTON RI**

TITLE \_\_\_\_\_  Change  Addition  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-ST-ZIP \_\_\_\_\_

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*Signature Required*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**EDWARD S. ROGERSON**

**1/13/03 508-945-7000**

Date

Daytime Phone #

CR2E034 (10/02)