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May 12 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 # **852800** **(2)**

1. Corporation Name
KAZMAIER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
676 ELM ST CONCORD MA 01742	676 ELM ST CONCORD MA 01742-2101

3. Date Incorporated or Qualified: 05/06/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 04-2604321 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAZMAIER, RICHARD W.,JR.		1.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE #29		1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL		1.4 CITY-ST-ZIP	
TITLE	TV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HUGGINS, CHARLES E. JR		2.2 NAME	
STREET ADDRESS	54 HAWTHORNE LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KAZMAIER, PATRICIA H.		3.2 NAME	
STREET ADDRESS	100 ANCHOR DRIVE #29		3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ARMKNECT, RICHARD F		4.2 NAME	
STREET ADDRESS	51 PLAINFIELD RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA		4.4 CITY-ST-ZIP	
TITLE	VS	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	RUXIN, ROBERT H.		5.2 NAME	
STREET ADDRESS	8 LARCHMONT LN		5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RODIS, COSTAS C		6.2 NAME	
STREET ADDRESS	125 BROOK ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: [signature] Secretary 4/28/97 508 371 1732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert H. Ruxin Date Daytime Phone #

0604 12