

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

**FILED**  
**Mar 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P18904 (3)**

1. Corporation Name  
**BARROW INDUSTRIES INC.**



Principal Place of Business <del>4 DAN ROAD</del> <del>CANTON MA 02021</del> <b>3 EDGEWATER DRIVE</b> <b>NORWOOD MA 02062</b>	Mailing Address <b>3 EDGEWATER DRIVE</b> <b>NORWOOD MA 02062</b> <b>US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>04-2225826</b>	Applied For Not Applicable
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
Zip 24	Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent <b>GONZALEZ NYDIA</b> <b>8260 NW 27TH ST</b> <b>SUITE 409</b> <b>MIAMI FL 33122</b>		10. Name and Address of New Registered Agent 81 Name <b>NYDIA GONZALEZ</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>8260 NW 27th Street Suite 104</b> 84 City <b>MIAMI</b> FL 85 Zip Code <b>33122</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 **NA**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARROW, STEPHEN Y.</b>	1.2 NAME	
STREET ADDRESS	<b>783 NEWTON STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROOKLINE MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARNOLD, ROBERT E.</b>	2.2 NAME	
STREET ADDRESS	<b>48 WHITEWALL ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>QUINCY MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARPER, DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>164 CLAYBROOK RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DOVER MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUNTER, DONALD</b>	4.2 NAME	
STREET ADDRESS	<b>183 CARROLL AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BROCKTON MA</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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]** DATE: **3-12-98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0000841

CPREGA (1097)