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FILED
Jan 21 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 # 835382 (3)
 1. Corporation Name
SUN INVESTMENT SERVICES COMPANY



Principal Place of Business Mailing Address
ONE SUN LIFE EXECUTIVE PARK WELLESLEY HILLS MA 02181

3. Date Incorporated or Qualified **11/12/1975** 3a. Date of Last Report **04/09/1996**
 4. FEI Number **04-2470476** 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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D <input type="checkbox"/> DELETE
NAME	LANE, JOHN S
STREET ADDRESS	77 DAWLISH AVENUE
CITY - ST - ZIP	TORONTO ONTARIO CA
TITLE	T <input type="checkbox"/> DELETE
NAME	THOMSON, L BROCK
STREET ADDRESS	52 CYPRESS ST
CITY - ST - ZIP	MEDFIELD, MASSACHU 00000
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	ANGUS, BONNIE S
STREET ADDRESS	58 PICKNEY STREET
CITY - ST - ZIP	BOSTON, MASSACHU 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	HORN, DAVID D
STREET ADDRESS	58 PICKNEY ST
CITY - ST - ZIP	BOSTON MA
TITLE	AO <input type="checkbox"/> DELETE
NAME	ORCUTT, CYNTHIA M
STREET ADDRESS	52 HICKORY ROAD
CITY - ST - ZIP	SUDBURY MA
TITLE	V <input type="checkbox"/> DELETE
NAME	MCGUINNESS, ROBERT E.
STREET ADDRESS	19 SHERIDAN RD.
CITY - ST - ZIP	WELLESLEY MA

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	V, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Roy P. Creedon
3.3 STREET ADDRESS	9 Herbert Road
3.4 CITY - ST - ZIP	Belmont, MA 02178
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **REQUIRE D** Jan 9, 1997 **617-237-6050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)