

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -7 AM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857243** (0)

1. Corporation Name

HELMSMAN MANAGEMENT SERVICES, INC.

Principal Place of Business

175 BERKELEY STREET
BOSTON MA 02117

Mailing Address

175 BERKELEY STREET
BOSTON MA 02117

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
07/28/1983

3a. Date of Last Report
03/25/1994

4. FEI Number
04-2791584

Applied For
 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

21 **9 Riverside Road**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Weston, MA

28 City & State

24 Zip

02193

25 Country

U.S.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	KELLY, EDMUND F.
STREET ADDRESS	780 BOYLSTON ST
CITY - ST - ZIP	BOSTON MA
TITLE	V
NAME	BARRESE, ROBERT L
STREET ADDRESS	29 CYRUSS ST
CITY - ST - ZIP	MEDFIELD MA
TITLE	VS
NAME	GILVAR, BARRY S.
STREET ADDRESS	11 CLARENCE RD
CITY - ST - ZIP	WAYLAND MA
TITLE	VT
NAME	GOODBY, SCOTT R
STREET ADDRESS	180 W SHORE DR
CITY - ST - ZIP	MARBLEHEAD MA
TITLE	AS
NAME	ANTHONY, PAUL B.
STREET ADDRESS	24 UNIVERSITY DR
CITY - ST - ZIP	BUFFALO NY
TITLE	V
NAME	LEDDY, AMY J.
STREET ADDRESS	31 JODIE RD
CITY - ST - ZIP	FRAMINGHAM MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kelly, Edmund F.	
1.3 STREET ADDRESS	315 Wellesley Street	
1.4 CITY - ST - ZIP	Weston, MA	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brock, Kenneth D.	
2.3 STREET ADDRESS	90 Highland Street	
2.4 CITY - ST - ZIP	Milford, MA 01757	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	W/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Williams, Elliot	
4.3 STREET ADDRESS	11 Hickory Lane, N.	
4.4 CITY - ST - ZIP	Reading, MA	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	James R. Pugh	
5.3 STREET ADDRESS	65 Colburn Road	
5.4 CITY - ST - ZIP	Wellesley, MA	
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 hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

James R. Pugh

JAMES R. PUGH

3/3/95

(617) 357-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR