

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

**FILED**  
**Feb 18 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 # 857243 (0)**

1. Corporation Name  
**HELMSMAN MANAGEMENT SERVICES, INC.**



Principal Place of Business Mailing Address  
**175 BERKELEY ST BOSTON MA 02117 US**  
**175 BERKELEY ST BOSTON MA 02116-5086 US**

3. Date Incorporated or Qualified **07/28/1983** 3a. Date of Last Report **06/10/1996**

2. Principal Place of Business 2a. Mailing Address  
**21 9 RIVERSIDE ROAD**  
 Suite, Apt. #, etc.

4. FEI Number **04-2791584** Applied For Not Applicable

22 City & State 27 City & State  
**23 WESTON, MA**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

23 City & State 28 City & State  
**24 MA** 25 **U.S.** 29 **MA** 30 **U.S.**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

24 MA 25 U.S. 29 MA 30 U.S.

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 \_\_\_\_\_ 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	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, EDMUND F.</b>	1.2 NAME	
STREET ADDRESS	<b>315 WELLESLEY ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTON MA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROCK, KENNETH D.</b>	2.2 NAME	
STREET ADDRESS	<b>90 HIGHLAND ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MILFORD MA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GILVAR, BARRY S.</b>	3.2 NAME	
STREET ADDRESS	<b>11 CLARENCE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYLAND MA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VI</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, ELLIOT</b>	4.2 NAME	
STREET ADDRESS	<b>11 HICKORY LANE N</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>READING MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>AS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUGH, JAMES R.</b>	5.2 NAME	
STREET ADDRESS	<b>65 COLBURN RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>V</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEDDY, AMY J.</b>	6.2 NAME	
STREET ADDRESS	<b>31 JODIE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRAMINGHAM MA</b>	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: \_\_\_\_\_ **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/21/97 (617) 243-7985**  
 Date Daytime Phone #

CR2E034 (9/96)