

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

FILED
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90053 009 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001891

1. Corporation Name
CONTINENTAL WINGATE CAPITAL CORP.

Principal Place of Business 75 CENTRAL STREET BOSTON MA 02109	Mailing Address 75 CENTRAL STREET BOSTON MA 02109
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 63 Kendrick Street Suite, Apt. #, etc. 22 City & State 23 Needham, MA Zip Country 24 02494 25		2a. Mailing Address 26 63 Kendrick Street Suite, Apt. #, etc. 27 City & State 28 Needham, MA Zip Country 29 02494 30		3. Date Incorporated or Qualified 04/16/1993	
		4. FEI Number 04-3133695		Applied For No: Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 607.0505 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. (NO E-Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, MICHAEL D	1.2 NAME	
STREET ADDRESS	16 HAMMOND CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, BRIAN E	2.2 NAME	
STREET ADDRESS	15 HICKORY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFIELD MA	2.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	VSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, JEFFREY	3.2 NAME	
STREET ADDRESS	59TH WOODRIDGE WAY	3.3 STREET ADDRESS	63 Kendrick Street
CITY-ST-ZIP	WAYLAND MA	3.4 CITY-ST-ZIP	Needham, MA 02494
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, GERALD	4.2 NAME	
STREET ADDRESS	132 YARMOUTH RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUSTER, TODD	5.2 NAME	
STREET ADDRESS	75 CENTRAL ST	5.3 STREET ADDRESS	63 Kendrick Street
CITY-ST-ZIP	BOSTON MA 02109	5.4 CITY-ST-ZIP	Needham, MA 02494
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFF, SUSAN WINSTON	6.2 NAME	
STREET ADDRESS	75 CENTRAL ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109	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 change 1, or on an attachment with an address, with all other like empowered

SIGNATURE:  4/23/99 781-707-9000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)