

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. [unclear] Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000005552 (5)**

1. Corporation Name
MACTEMPS, INC.



Principal Place of Business: **66 CHURCH ST. CAMBRIDGE MA 02138**
Mailing Address: **66 CHURCH ST. CAMBRIDGE MA 02138**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
12/07/1993	06/28/1995
4. FEI Number	Applied For
04-2928658 04-2928658	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT 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 Not Acceptable)
83	City
84	City
85	Zip Code

FL 33324

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 signing officer or director

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	CHUANG, JOHN H
STREET ADDRESS	66 CHURCH ST.
CITY-STATE-ZIP	CAMBRIDGE MA 02138
TITLE	D
NAME	KAPNER, STEVEN M
STREET ADDRESS	66 CHURCH ST.
CITY-STATE-ZIP	CAMBRIDGE MA 02138
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	Asst Secretary
12 NAME	Mark L Rodhale
13 STREET ADDRESS	57 Willow St
14 CITY-STATE-ZIP	W Roxbury MA 02132
15 CITY	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 CITY	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 CITY	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 CITY	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	
31 CITY	

33	CORPORATE	331-000
34	DATE APPROVED	2/7/96
35	APPROVED BY	MLK
36	EXPENSE DESC	Annual Fee
37	DATE RECEIVED	
38	ACCOUNT # U-000	9580
39	OFF NUMBER	V11205

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/96 617 968 6800
1223 2

CR2E034 (12/95)