

**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 MAY 17 AM 8:45

**DOCUMENT # P17428 (4)**

1. Corporation Name  
**CONTINENTAL WINGATE ASSOCIATES, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**75 CENTRAL STREET BOSTON MA 02109**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>12/29/1987</b>	3a. Date of Last Report <b>04/28/1994</b>
4. FEI Number <b>04-2517331</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suits, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suits, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			<b>FL</b>	<b>05</b>

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 restoring)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SCHUSTER, GERALD
STREET ADDRESS	132 YARMOUTH ROAD
CITY - ST - ZIP	BROOKLINE MA
TITLE	VD
NAME	KANTROWITZ, ELLEN
STREET ADDRESS	1299 BEACON STREET
CITY - ST - ZIP	NEWTON MA
TITLE	VD
NAME	SCHUSTER, SCOTT
STREET ADDRESS	90 SUFFOLK ROAD
CITY - ST - ZIP	CHESTNUT HILL MA
TITLE	SD
NAME	BERMAN, MICHAEL D.
STREET ADDRESS	16 HAMMOND CIRCLE
CITY - ST - ZIP	SUDBURY MA
TITLE	V
NAME	HALL, GARDNER
STREET ADDRESS	35 CURTIS RD
CITY - ST - ZIP	BOXFORD MA
TITLE	TD
NAME	CALLAHAN, BRIAN E.
STREET ADDRESS	15 HICKORY DRIVE
CITY - ST - ZIP	MEDFIELD MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schuster, Todd	
1.3 STREET ADDRESS	131 Laurel Rd.	
1.4 CITY - ST - ZIP	Chestnut Hill, MA	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Schuster, Gerald	
3.3 STREET ADDRESS	132 Yarmouth Rd.	
3.4 CITY - ST - ZIP	Chestnut Hill, MA	
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Goodman, Jeffrey	
4.3 STREET ADDRESS	59 Woodridge Way	
4.4 CITY - ST - ZIP	Wayland, MA	
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Berman, Michael	
5.3 STREET ADDRESS	16 Hammond Cir.	
5.4 CITY - ST - ZIP	Sudbury, 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 do 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)(a), 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: Brian E. Callahan Date: May 12, 1995 617-574-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR