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SECRETARY OF STATE TALLAHASSEE, FLORIDA



PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P17428 (4)

1. Corporation Name CONTINENTAL WINGATE ASSOCIATES, INC.

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

3. Date Incorporated or Qualified 12/29/1987 3a. Date of Last Report 05/17/1995 4. FEI Number 04-2517331 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 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 Zip 25 Country 29 Zip 30 Country

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 C T Corporation System 82 Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road 83 84 City Plantation 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, its shareholders, or its members, as the case may be, and by the person or persons named herein as the authorized signatory, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Patricia A. Canario PATRICIA A. CANARIO, SPECIAL ASSISTANT SECRETARY DATE 4/29/96

12. OFFICERS AND DIRECTORS TITLE PD NAME SCHUSTER, TODD STREET ADDRESS 131 LAUREL RD CITY-ST-ZIP CHESTNUT HILL MA [] DELETE TITLE VD NAME KANTROWITZ, ELLEN STREET ADDRESS 1299 BEACON STREET CITY-ST-ZIP NEWTON MA [] DELETE TITLE VD NAME SCHUSTER, GERALD STREET ADDRESS 132 YARMOUTH RD CITY-ST-ZIP CHESTNUT HILL MA [] DELETE TITLE S NAME GOODMAN, JEFFREY STREET ADDRESS 59TH WOODRIDGE WAY CITY-ST-ZIP WAYLAND MA [] DELETE TITLE VD NAME BERMAN, MICHAEL STREET ADDRESS 16TH HAMMOND CIRCLE CITY-ST-ZIP SUDBURY MA [] DELETE TITLE TD NAME CALLAHAN, BRIAN E. STREET ADDRESS 15 HICKORY DRIVE CITY-ST-ZIP MEDFIELD MA [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE [] Change [] Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 100001801851 -04/30/96--01099--015 ***200.00 ***200.00 2.1 TITLE [] Change [] Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE [] Change [] Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE [] Change [] Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE [] Change [] Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE [] Change [] 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 119.07(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: [Signature] 4/26/96 617-574-9000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

Handwritten initials/signature