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Mar 14, 1999 8:00 am
Secretary of State

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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 # P39875
 1. Corporation Name
REMANCO INTERNATIONAL, INC.



Principal Place of Business 260 FORDHAM ROAD WILMINGTON MA 01887	Mailing Address 260 FORDHAM ROAD WILMINGTON MA 01887
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>175 Ledge St.</u> Suite, Apt. #, etc. 22 City & State 23 <u>Nashua, NH</u> Zip Country 24 <u>03060</u> 25 <u>USA</u>	2a. Mailing Address 26 <u>P.O. Box 5152</u> Suite, Apt. #, etc. 27 <u>9 Technology Drive</u> City & State 28 <u>Westborough MA</u> Zip Country 29 <u>01581</u> 30 <u>USA</u>
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3. Date Incorporated or Qualified 07/31/1992	Applied For Not Applicable
4. FEI Number 04-3127628	
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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, E. LOCKE	
STREET ADDRESS	595 E ILLINOIS ROAD	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, ROY S.	
STREET ADDRESS	260 FORDHAM ROAD	
CITY-ST-ZIP	WILMINGTON MA 01887	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUGHES, FRANCIS J JR.	
STREET ADDRESS	30 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FINELT, HAROLD L	
STREET ADDRESS	30 FEDERAL ST.	
CITY-ST-ZIP	BOSTON MA 02110	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURNER, MARSHALL C	
STREET ADDRESS	220 MONTGOMERY ST, PENTHOUSE 10	
CITY-ST-ZIP	SAN FRANCISCO CA 94104	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRANK, RICHARD R	
STREET ADDRESS	234 E. COLORADO BLVD., STE. 500	
CITY-ST-ZIP	PASADENA CA 91101	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	William G. Nelson	
1.3 STREET ADDRESS	11 Allstate Parkway	
1.4 CITY-ST-ZIP	MARKHAM, Ontario CANADA	L3R 9T8
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David G.B. Scott	
2.3 STREET ADDRESS	11 Allstate Parkway	
2.4 CITY-ST-ZIP	MARKHAM, Ontario CANADA	L3R 9T8
3.1 TITLE	ASST. T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KATHRYN A. Smith	
3.3 STREET ADDRESS	P.O. Box 5152 9 Technology Drive	
3.4 CITY-ST-ZIP	Westborough, MA	01581
4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Shelley R. Isenberg	
4.3 STREET ADDRESS	11 Allstate Parkway	
4.4 CITY-ST-ZIP	MARKHAM, Ontario CANADA	L3R 9T8
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE: Kathy A. Smith Date: 3/11/99 Daytime Phone #: (508) 891-6970

CR2E034 (1/198)