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Apr 26, 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

DOCUMENT # F98000001523

1. Corporation Name
DOMAIN MANUFACTURING CORPORATION



Principal Place of Business
**150 CAMBRIDGE PARK DRIVE
 CAMBRIDGE MA 02140**

Mailing Address
**150 CAMBRIDGE PARK DRIVE
 CAMBRIDGE MA 02140**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	3998 F.A.U. BLVD	26	3998 F.A.U. BLVD	03/17/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	200	27	200	04-3396220	
City & State		City & State		Applied For	
23	BOCA RATON, FL	28	BOCA RATON, FL	Not Applicable	
24	33431	29	33431	5. Certificate of Status Desired <input type="checkbox"/>	
25		30		\$8.75 Additional Fee Required	
Country		Country		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				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
					FL		

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 registered agent and title if applicable. (NOT 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	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARAPS, CONSTANCE			1.2 NAME	CONSTANCE ARAPS		
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE			1.3 STREET ADDRESS	3998 F.A.U. BLVD #200		
CITY-ST-ZIP	CAMBRIDGE MA			1.4 CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WEINTRAUB, ROSS			2.2 NAME	DAVID WEIGAND		
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE			2.3 STREET ADDRESS	3998 F.A.U. BLVD #200		
CITY-ST-ZIP	CAMBRIDGE MA			2.4 CITY-ST-ZIP	BOCA RATON, FL 33431		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SECRETARY	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SEMPER, JUDITH			3.2 NAME	TED DELYANIS		
STREET ADDRESS	150 CAMBRIDGE PARK DRIVE			3.3 STREET ADDRESS	63 SOUTH AVE		01803
CITY-ST-ZIP	CAMBRIDGE MA			3.4 CITY-ST-ZIP	BURLINGTON, MASS.		01803
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 a l other like empowered.

SIGNATURE: *[Signature]* Date: 4/15/99 Daytime Phone # _____

CR2E034 (11/98)