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Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 418317 (4)
 1. Corporation Name
UNIVERSITY-TAMPA THOM MCAN, INC. #1664



Principal Place of Business 933 MAC ARTHUR BLVD MAHWAH NJ 07430 US	Mailing Address 933 MACARTHUR BLVD MAHWAH NJ 07430 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 67 Millbrook St. Suite, Apt. #, etc.		2a. Mailing Address 26 67 Millbrook St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/05/1973	
22 City & State 23 WORCESTER MA		27 City & State 28 WORCESTER MA		4. FEI Number 04-2513670 Applied For Not Applicable	
24 Zip 01606		25 Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29 Zip 01606		30 Country US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 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			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, J M	1.2 NAME	
STREET ADDRESS	933 MACARTHUR BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCEY, EDWARD J	2.2 NAME	S
STREET ADDRESS	67 MILLBROOK ST	2.3 STREET ADDRESS	BAHUMAN GERALD
CITY-ST-ZIP	WORCESTER, MA 00000	2.4 CITY-ST-ZIP	933 MACARTHUR BLVD
TITLE	VD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, THEODORE L.	3.2 NAME	VD
STREET ADDRESS	67 MILLBROOK ST	3.3 STREET ADDRESS	ROACH DONALD V.
CITY-ST-ZIP	WORCESTER, MA 00000	3.4 CITY-ST-ZIP	933 MACARTHUR BLVD
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHLMAN, GERALD	4.2 NAME	AS
STREET ADDRESS	933 MAC ARTHUR BLVD	4.3 STREET ADDRESS	WILSON MARY BETH
CITY-ST-ZIP	MAHWAH NJ	4.4 CITY-ST-ZIP	67 Millbrook St.
TITLE		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		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.

SIGNATURE: *Mary Beth Wilson* **MARY BETH WILSON** 2/11/98 508791-3811

CR2E034 (10/97)