

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 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 # **504614** (9)
1. Corporation Name
DADE INVESTMENT SERVICES, INC.



Principal Place of Business 75 STATE STREET MABOF 31 B BOSTON MA 02106-2197 US	Mailing Address 75 STATE STREET MABOF 31 B BOSTON MA 02106-2197 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 75 State Street Suite, Apt. #, etc. 22 MA/BO/F10C City & State 23 Boston, MA Zip 24 02109 Country 25 U.S.	2a. Mailing Address 26 75 State Street Suite, Apt. #, etc. 27 MA/BO/F10C City & State 28 Boston, MA Zip 29 02109 Country 30 U.S.	3. Date Incorporated or Qualified 05/21/1976 4. FEI Number 04-2606044 Applied For Not Applicable 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTERPERL, WILLIAM C	1.2 NAME	
STREET ADDRESS	50 KENNEDY PLAZA	1.3 STREET ADDRESS	One Federal Street, MA/OF/D36A
CITY-ST-ZIP	PROVIDENCE RI	1.4 CITY-ST-ZIP	Boston, MA 02110
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITMAN, LEO R	2.2 NAME	
STREET ADDRESS	75 STATE STREET, MABOF 29 A	2.3 STREET ADDRESS	One Federal Street, MA/OF/D37A
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP	Boston, MA 02110
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEROSA, GIRO	3.2 NAME	
STREET ADDRESS	75 STATE STREET, MABOF 10C	3.3 STREET ADDRESS	111 Westminster Street, RI/MO/M10B
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP	Providence, RI 02903
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIZAR, AMY W	4.2 NAME	
STREET ADDRESS	75 STATE STREET, MABOF 31 B	4.3 STREET ADDRESS	75 State Street, MA/BO/F10C
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	Boston, MA 02109
TITLE	O <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARLES, H. JAY	5.2 NAME	
STREET ADDRESS	50 KENNEDY PLAZA	5.3 STREET ADDRESS	One Federal Street, MA/OF/D36B
CITY-ST-ZIP	PROVIDENCE RI	5.4 CITY-ST-ZIP	Boston, MA 02110
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCIS, M REBECCA	6.2 NAME	
STREET ADDRESS	111 WESTMINSTER ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	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

[Signature]

44-108 (12-34) - 2(1)

CR2E034 (10/97)