

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

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**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90035 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 504614**

1. Corporation Name  
**DADE INVESTMENT SERVICES, INC.**



Principal Place of Business 75 STATE STREET MA/BO/F10C BOSTON MA 02109 US	Mailing Address 75 STATE STREET MA/BO/F10C BOSTON MA 02109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30
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3. Date Incorporated or Qualified <b>05/21/1976</b>	4. FEI Number <b>04-2606044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MUTTERPERL, WILLIAM C</b>
STREET ADDRESS	<b>ONE FEDERAL STREET, MA/OF/D36A</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>BREITMAN, LEO R</b>
STREET ADDRESS	<b>ONE FEDERAL STREET, MA/OF/D37A</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>DEROSA, GIRO</b>
STREET ADDRESS	<b>111 WESTMINSTER STREET, RI/MO/M10B</b>
CITY-ST-ZIP	<b>PROVIDENCE RI 02903</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BIZAR, AMY W</b>
STREET ADDRESS	<b>75 STATE STREET, MA/BO/F10C</b>
CITY-ST-ZIP	<b>BOSTON MA 02109</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SARLES, H. JAY</b>
STREET ADDRESS	<b>ONE FEDERAL STREET, MA/OF/D36B</b>
CITY-ST-ZIP	<b>BOSTON MA 02110</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>FRANCIS, M REBECCA</b>
STREET ADDRESS	<b>111 WESTMINSTER ST</b>
CITY-ST-ZIP	<b>PROVIDENCE RI</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Secretary</b>
4.3 STREET ADDRESS	<b>Drew J. Pffirman</b>
4.4 CITY-ST-ZIP	<b>75 State Street, MA/BO/F10C</b> <b>Boston, MA 02109</b>
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: *Drew Pffirman* SIGNATURE REQUIRED 3/16/99 Date (617)346-3169 Daytime Phone #

CR2E034 (11/98)