FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 827186 (8)

1. Corporation Name
MAGUIRE GROUP INC.

Principal Place of Business	Mailing Address
225 FOXBOROUGH BLVD FOXBOROUGH MA 02035	225 FOXBOROUGH BLVD FOXBOROUGH MA 02035

3. Date Incorporated or Qualified: 12/16/1971	3a. Date of Last Report: 05/01/1994
4. FEI Number: 05-0318211	[ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has satisfied its intangible tax under S. 199.032, Florida Statutes	[X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

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 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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	[ ] Change [ ] Addition
NAME	REPETA, RICHARD J.	
STREET ADDRESS	40 OAK BLUFF	
CITY-ST-ZIP	AVON CT	
TITLE	S	[ ] Change [ ] Addition
NAME	COFFEY, JOHN G, SR	
STREET ADDRESS	TWO REGENCY PLACE, STE 4	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	VD	[ ] Change [ ] Addition
NAME	FRITZ, JAMS B.	
STREET ADDRESS	39 CARRIER CT	
CITY-ST-ZIP	SOUTHINGTON CT	
TITLE	T	[ ] Change [ ] Addition
NAME	BUSH, RAYMOND T.	
STREET ADDRESS	3 HAYFIELD LANE	
CITY-ST-ZIP	CUMBERLAND RI	
TITLE	VD	[ ] Change [ ] Addition
NAME	CALABRETTA, VICTOR V	
STREET ADDRESS	11 AMERICA WAY	
CITY-ST-ZIP	JAMESTOWN RI	
TITLE	VD	[ ] Change [ ] Addition
NAME	MORRISON, PETER	
STREET ADDRESS	94 MEETING ST	
CITY-ST-ZIP	PROVIDENCE RI	

14. [illegible fine print certification, Chapter 607, Florida Statutes]

SIGNATURE: R T Bush (signature) Raymond T. Bush Treasurer April 28, 1995 (508) 543-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0403501 FN