


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 827193 1. Corporation Name HOBBS GROUP, INC.					
Principal Place of Business 225 Wyman Street P.O. Box 9049 Waltham, MA 02254-9049			Mailing Address 225 Wyman Street P.O. Box 9049 Waltham, MA 02254-9049		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/15/1971 3a. Date of Last Report 05/01/1995 4. FEI Number 04-2191314 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Smith, Paul W. Jr. 201 E. Pine Street S975 Orlando, FL 32801				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, applicable) (NOTE: Registered Agent signature required when reappointing) Date					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	Golub, Thomas A.				
STREET ADDRESS	741 Boston Post Road				
CITY-ST-ZIP	Guilford, CT				
TITLE	C	<input type="checkbox"/> DELETE			
NAME	Yancey, W. Glenn				
STREET ADDRESS	426 Meadow Pond Drive				
CITY-ST-ZIP	Leominster, MA 01453				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	Poutsidka, William J.				
STREET ADDRESS	31 Hawthorne Road				
CITY-ST-ZIP	Weston, MA				
TITLE	S	<input type="checkbox"/> DELETE			
NAME	Schnetke, Julia E.				
STREET ADDRESS	15 Lovers Lane				
CITY-ST-ZIP	Southborough, MA				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	Damaskos, Kathleen C.				
STREET ADDRESS	27 Houston Street				
CITY-ST-ZIP	West Roxbury, MA				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	Paino, Nancy A.				
STREET ADDRESS	2 Embassy Ct.				
CITY-ST-ZIP	Armonk, NY				
			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		
			800001887518 -07/03/96--01069--028 ***225.00 070996 OR		
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: <i>Julia Schnetke</i> Julia Schnetke 6/28/96 (617) 890-9300					

CR2E034 (3/96)