

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:51

DOCUMENT # **832457** (6)
1. Corporation Name
SASAKI ASSOCIATES, INC.

Principal Place of Business Mailing Address
64 PLEASANT ST. WATERTOWN MA 02172 **64 PLEASANT ST. WATERTOWN MA 02172**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/03/1974** 3a. Date of Last Report **02/28/1994**
4. FEI Number **04-2230445** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
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 **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 its 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) (If 211. Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	SUKEFORTH, JAMES A.
STREET ADDRESS	3 KITSON PARK DRIVE
CITY- ST- ZIP	LESLINGTON MA
TITLE	P
NAME	BASSETT, KENNETH E.
STREET ADDRESS	PAGE ROAD
CITY- ST- ZIP	LINCOLN MA
TITLE	VO
NAME	HAMMEY, STEPHEN E
STREET ADDRESS	32 PALL MALL
CITY- ST- ZIP	WALPOLE MA
TITLE	VO
NAME	SMITH, NELSON S
STREET ADDRESS	3633 DIVISADERO
CITY- ST- ZIP	SAN FRANCISCO CA
TITLE	VO
NAME	BENNETT, TODD P
STREET ADDRESS	104 EVCLUD
CITY- ST- ZIP	LONG BEACH CA
TITLE	T
NAME	ADAMS, KERRY S.
STREET ADDRESS	1 LANGLEY LANE
CITY- ST- ZIP	ANDOVER MA

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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(c), 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 in an attachment with an affidavit.

SIGNATURE: Kerry S. Adams **KERRY S. ADAMS, TREASURER** 3-24-95 617-926-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)