

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 832457 (6)

1. Corporation Name
SASAKI ASSOCIATES, INC.



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

3. Date Incorporated or Qualified: **06/03/1974** 3a. Date of Last Report: **03/29/1995**
4. FEI Number: **04-2230445** 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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

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 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 making change

DATE

12. OFFICERS AND DIRECTORS DELETE

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	VD
NAME	HAMMEY, STEPHEN E
STREET ADDRESS	32 PALL MALL
CITY- ST- ZIP	WALPOLE MA
TITLE	VD
NAME	SMITH, NELSON S
STREET ADDRESS	3633 DIVISADERO
CITY- ST- ZIP	SAN FRANCISCO CA
TITLE	VD
NAME	BENNETT, TODD P
STREET ADDRESS	104 EVCLID
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

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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 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 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: *Kerry S. Adams* **KERRY S. ADAMS, VP & TREASURER** 3-26-96 617-926-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)