

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

**FILED**  
**Apr 02 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 832457 (6)**  
 1. Corporation Name  
**SASAKI ASSOCIATES, INC.**



Principal Place of Business <b>64 PLEASANT ST. WATERTOWN MA 02172</b>	Mailing Address <b>64 PLEASANT ST. WATERTOWN MA 02172</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/03/1974</b>	
21	22	26	27	4. FEI Number <b>04-2230445</b>	Applied For Not Applicable
Suite, Apt. #, etc.	City & State	Suite, Apt. #, etc.	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SUKEFORTH, JAMES A.</b>		1.2 NAME	<b>Alan I. Resnick</b>	
STREET ADDRESS	<b>3 KITSON PARK DRIVE</b>		1.3 STREET ADDRESS	<b>34 North Road</b>	
CITY-ST-ZIP	<b>LESINGTON MA</b>		1.4 CITY-ST-ZIP	<b>East Kingston, N.H. 03827</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BASSETT, KENNETH E.</b>		2.2 NAME	<b>Roy V. Viklund</b>	
STREET ADDRESS	<b>PAGE ROAD</b>		2.3 STREET ADDRESS	<b>216 Royal Street</b>	
CITY-ST-ZIP	<b>LINCOLN MA</b>		2.4 CITY-ST-ZIP	<b>Watertown, MA 02172</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ADAMS, KERRY S.</b>		3.2 NAME	<b>Larry R. Young</b>	
STREET ADDRESS	<b>1 LANGLEY LANE</b>		3.3 STREET ADDRESS	<b>1 Appleten Street</b>	
CITY-ST-ZIP	<b>ANDOVER MA</b>		3.4 CITY-ST-ZIP	<b>Watertown, MA 02172</b>	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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.

SIGNATURE: *Kerry S. Adams* **KERRY S ADAMS** 1027 NACORR 2-11-98 112602-794

CR2E034 (10/97)