

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT / CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 839137 (7)
1. Corporation Name
KEYPORT FINANCIAL SERVICES CORP.

Principal Place of Business
125 HIGH STREET
BOSTON MA 02110-2712

Mailing Address
125 HIGH STREET
BOSTON MA 02110-2712



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/19/1977	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 04-2603954	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	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 C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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 _____
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	V <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Assistant Clerk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIXON, WILLIAM L.	1.2 NAME	Donald A. Truman
STREET ADDRESS	7 FAXON ST.	1.3 STREET ADDRESS	14 Natalie Ave
CITY-ST-ZIP	FOXBORO MA	1.4 CITY-ST-ZIP	Melrose MA
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	Assistant Clerk <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAPIT, ROGELIO P	2.2 NAME	Paul T. Holman
STREET ADDRESS	22 LIBERTY LANE	2.3 STREET ADDRESS	221 Linwood St
CITY-ST-ZIP	NORWOOD MA	2.4 CITY-ST-ZIP	Brookton MA
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	DIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOPPER, JAMES J.	3.2 NAME	
STREET ADDRESS	27 SHIPWAY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTOWN MA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINHART, FRANCIS E.	4.2 NAME	
STREET ADDRESS	32 ORNE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLEHEAD MA	4.4 CITY-ST-ZIP	
TITLE	DC <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENSTEEL, JOHN W.	5.2 NAME	
STREET ADDRESS	13 GLEN OAK DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARANT, JOHN III	6.2 NAME	
STREET ADDRESS	21 GREENWOOD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SHERBORN MA	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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

CR2E034 (10/97)