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May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 840936 (9)

1. Corporation Name
THE STUBBINS ASSOCIATES, INC.

Principal Place of Business
1033 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02138

Mailing Address
1033 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02138-5319



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1978		3a. Date of Last Report 03/26/1996	
21 Suite Apt # etc		26 Suite, Apt. #, etc.		4. FEI Number 04-2227079		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 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	VD
NAME	C. OSTBERG, RONALD	1.2 NAME	James E. Beyer
STREET ADDRESS	41 WARREN AVE.	1.3 STREET ADDRESS	One Herrick Street
CITY-ST-ZIP	HARVARD MA	1.4 CITY-ST-ZIP	Winchester, MA VT
TITLE	V	2.1 TITLE	
NAME	KRAUS, MICHAEL	2.2 NAME	Michael Kraus
STREET ADDRESS	87 GARDNER ROAD	2.3 STREET ADDRESS	87 Gardner Road
CITY-ST-ZIP	BROOKLINE MA	2.4 CITY-ST-ZIP	Brookline, MA
TITLE	D	3.1 TITLE	VD
NAME	SIMPSON, SCOTT	3.2 NAME	Peter Blewett
STREET ADDRESS	480 RUTLAND ROAD	3.3 STREET ADDRESS	266 Perkins Row
CITY-ST-ZIP	CARLISLE MA	3.4 CITY-ST-ZIP	Topsfield, MA
TITLE	T	4.1 TITLE	
NAME	GATES, JOSEPH D	4.2 NAME	
STREET ADDRESS	87 HURLCROFT RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MILTON MA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	
NAME	GREEN, RICHARD	5.2 NAME	
STREET ADDRESS	22 OAK ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MARBLEHEAD MA	5.4 CITY-ST-ZIP	
TITLE	PD	6.1 TITLE	
NAME	HAMNER, W. EASLEY	6.2 NAME	
STREET ADDRESS	3 ELLERY SQ.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	6.4 CITY-ST-ZIP	

14. I do 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/97

(617)491-6450

Daytime Phone # 0000000

CR2E034 (9/96)