

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

FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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 Mailing Address
1033 MASSACHUSETTS AVENUE 1033 MASSACHUSETTS AVENUE
CAMBRIDGE MA 02138 CAMBRIDGE MA 02138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	06/23/1978	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	04-2227079	
24	Country	29	Country	Applied For	
25		30		Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	<input type="checkbox"/> DELETE	1.1 TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C. OSTBERG, RONALD		1.2 NAME	Joseph D. Gates	
STREET ADDRESS	41 WARREN AVE.		1.3 STREET ADDRESS	87 Hurlcroft Road	
CITY-ST-ZIP	HARVARD MA		1.4 CITY-ST-ZIP	Milton, MA	
TITLE	VT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAUS, MICHAEL		2.2 NAME		
STREET ADDRESS	87 GARDNER ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	BROOKLINE MA		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	VD	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEYER, JAMES E		4.2 NAME		
STREET ADDRESS	ONE HERRICK ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	WINCHESTER MA		4.4 CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMNER, W. EASLEY		6.2 NAME		
STREET ADDRESS	8 ELLERY SQ.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CAMBRIDGE 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 from an attachment with an address.

CR2E034 (10/97)