

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 843130 (6)

1. Corporation Name

SOUTHEAST CARLSON ASSOCIATES, INC.



Principal Place of Business

3 SPEEN STR
STE 410
FRAMINGHAM MA 01701
US

Mailing Address

3 SPEEN STR
STE 410
FRAMINGHAM MA 01701
US

3. Date Incorporated or Qualified
04/27/1979

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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 of person making statement (owner, officer, or director)

NOTE: Registered Agent signature is required on this filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	VTD	☐ DELETE
NAME	JOHNSON, WILLIAM R	
STREET ADDRESS	3 SPEEN STR, STE 410	
CITY-STATE-ZIP	FRAMINGHAM MA	
TITLE	S	☐ DELETE
NAME	KRAUSS, STEPHEN E.	
STREET ADDRESS	3 SPEEN STR, STE 410	
CITY-STATE-ZIP	FRAMINGHAM MA	
TITLE	V	☐ DELETE
NAME	HEALEY, KEVIN	
STREET ADDRESS	3 SPEEN STR, STE 410	
CITY-STATE-ZIP	FRAMINGHAM MA	
TITLE	VD	☐ DELETE
NAME	HUNTER, DANIEL	
STREET ADDRESS	3 SPEEN STR, STE 410	
CITY-STATE-ZIP	FRAMINGHAM MA	
TITLE	PD	☐ DELETE
NAME	FRASER, WILLIAM B.	
STREET ADDRESS	3 SPEEN ST, STE 410	
CITY-STATE-ZIP	FRAMINGHAM MA	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-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 in 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN E. KRAUSS

5/24/96
DATE

(608) 370-0100
OFFICE PHONE

CR2E034 (12/95)