

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

FILED

Feb 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 01701-4658 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/27/1979	3a. Date of Last Report 06/05/1996
4. FEI Number 04-2263310	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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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
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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	
TITLE	VTD <input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM R
STREET ADDRESS	3 SPEEN STR, STE 410
CITY-ST-ZIP	FRAMINGHAM MA
TITLE	S <input type="checkbox"/> DELETE
NAME	KRAUSS, STEPHEN E.
STREET ADDRESS	3 SPEEN STR, STE 410
CITY-ST-ZIP	FRAMINGHAM MA
TITLE	V <input type="checkbox"/> DELETE
NAME	HEALEY, KEVIN
STREET ADDRESS	3 SPEEN STR, STE 410
CITY-ST-ZIP	FRAMINGHAM MA
TITLE	VD <input type="checkbox"/> DELETE
NAME	HUNTER, DANIEL
STREET ADDRESS	3 SPEEN STR, STE 410
CITY-ST-ZIP	FRAMINGHAM MA
TITLE	PD <input type="checkbox"/> DELETE
NAME	FRASER, WILLIAM B.
STREET ADDRESS	3 SPEEN ST. STE 410
CITY-ST-ZIP	FRAMINGHAM MA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRESIDENT/DIRECTOR
4.3 STREET ADDRESS	DANIEL HUNTER
4.4 CITY-ST-ZIP	3 SPEEN ST, Suite 410
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VICE President/Director
5.3 STREET ADDRESS	FRASER WILLIAM B.
5.4 CITY-ST-ZIP	3 SPEEN ST. Suite 410
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Stephen E. Krauss 1/9/97 (508) 370-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)