

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

FILED
May 01 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 # 849101 (1)

1. Corporation Name
TAAG, INC.



Principal Place of Business 639 MASS AVE CAMBRIDGE MA 02139	Mailing Address 639 MASS AVE CAMBRIDGE MA 02139
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/12/1981	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-1573279	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 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				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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	P	1.1 TITLE	President/Director
NAME	DAVIS, JAMES	1.2 NAME	Debbie Pond-Heide
STREET ADDRESS	639 MASS AVE	1.3 STREET ADDRESS	100 Redwood Shores Parkway,
CITY-ST-ZIP	CAMBRIDGE MA	1.4 CITY-ST-ZIP	Redwood City, CA 94065
TITLE	T	2.1 TITLE	Treasurer
NAME	CHIPMAN, RICHARD	2.2 NAME	Mark Richman
STREET ADDRESS	639 MASS AVE.	2.3 STREET ADDRESS	100 Redwood Shores Parkway,
CITY-ST-ZIP	CAMBRIDGE MA	2.4 CITY-ST-ZIP	Redwood City, CA 94065
TITLE	S	3.1 TITLE	Secretary
NAME	DACEY, DENNIS	3.2 NAME	Doreen R. Penfield
STREET ADDRESS	639 MASS AVE	3.3 STREET ADDRESS	100 Redwood Shores Parkway,
CITY-ST-ZIP	CAMBRIDGE MA	3.4 CITY-ST-ZIP	Redwood City, CA 94065
TITLE		4.1 TITLE	CFO & Assistant Secretary/Director
NAME		4.2 NAME	Mark Eaton
STREET ADDRESS		4.3 STREET ADDRESS	100 Redwood Shores Parkway,
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Redwood City, CA 94065
TITLE		5.1 TITLE	Peter A. Pfister--Director
NAME		5.2 NAME	100 Redwood Shores Parkway,
STREET ADDRESS		5.3 STREET ADDRESS	Redwood City, CA 94065
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Redwood City, CA 94065
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 *Doreen R. Penfield*

CR2E034 (10/97)