

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> 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**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/12/1981</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>11-1573279</b>	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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					
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE			
NAME	<b>DAVIS, JAMES</b>				
STREET ADDRESS	<b>639 MASS AVE</b>				
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>				
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE			
NAME	<b>CHIPMAN, RICHARD</b>				
STREET ADDRESS	<b>639 MASS AVE.</b>				
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>				
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE			
NAME	<b>DACEY, DENNIS</b>				
STREET ADDRESS	<b>639 MASS AVE</b>				
CITY-ST-ZIP	<b>CAMBRIDGE MA</b>				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<b>President/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME	<b>Debbie Pond-Heide</b>				
1.3 STREET ADDRESS	<b>100 Redwood Shores Parkway,</b>				
1.4 CITY-ST-ZIP	<b>Redwood City, CA 94065</b>				
2.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME	<b>Mark Richman</b>				
2.3 STREET ADDRESS	<b>100 Redwood Shores Parkway,</b>				
2.4 CITY-ST-ZIP	<b>Redwood City, CA 94065</b>				
3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME	<b>Doreen R. Penfield</b>				
3.3 STREET ADDRESS	<b>100 Redwood Shores Parkway,</b>				
3.4 CITY-ST-ZIP	<b>Redwood City, CA 94065</b>				
4.1 TITLE	<b>CFO &amp; Assistant Secretary/Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME	<b>Mark Eaton</b>				
4.3 STREET ADDRESS	<b>100 Redwood Shores Parkway,</b>				
4.4 CITY-ST-ZIP	<b>Redwood City, CA 94065</b>				
5.1 TITLE	<b>Peter A. Pfister--Director</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME	<b>100 Redwood Shores Parkway,</b>				
5.3 STREET ADDRESS	<b>Redwood City, CA 94065</b>				
5.4 CITY-ST-ZIP					
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 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

*Debbie Pond-Heide*

CR2E034 (10/97)