

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

FILED

May 12 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 852800 (2)
 1. Corporation Name
KAZMAIER ASSOCIATES, INC.

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| Principal Place of Business 676 ELM ST CONCORD MA 01742 | Mailing Address 676 ELM ST CONCORD MA 01742-2101 |
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|--------------------------------|------------------------|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/06/1982 | 3a. Date of Last Report 05/01/1996 |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 4. FEI Number 04-2604321 | | 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 | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

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|--|--|---|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAZMAIER, RICHARD W., JR. | 12 NAME | |
| STREET ADDRESS | 100 ANCHOR DRIVE #29 | 13 STREET ADDRESS | |
| CITY - ST - ZIP | KEY LARGO FL | 14 CITY - ST - ZIP | |
| TITLE | TV <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUGGINS, CHARLES E. JR | 22 NAME | |
| STREET ADDRESS | 54 HAWTHORNE LANE | 23 STREET ADDRESS | |
| CITY - ST - ZIP | CONCORD MA | 24 CITY - ST - ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAZMAIER, PATRICIA H. | 32 NAME | |
| STREET ADDRESS | 100 ANCHOR DRIVE #29 | 33 STREET ADDRESS | |
| CITY - ST - ZIP | KEY LARGO FL | 34 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARMKNECT, RICHARD F | 42 NAME | |
| STREET ADDRESS | 51 PLAINFIELD RD. | 43 STREET ADDRESS | |
| CITY - ST - ZIP | CONCORD MA | 44 CITY - ST - ZIP | |
| TITLE | VS <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RUXIN, ROBERT H. | 52 NAME | |
| STREET ADDRESS | 8 LARCHMONT LN | 53 STREET ADDRESS | |
| CITY - ST - ZIP | LEXINGTON MA | 54 CITY - ST - ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RODIS, COSTAS C | 62 NAME | |
| STREET ADDRESS | 125 BROOK ST. | 63 STREET ADDRESS | |
| CITY - ST - ZIP | WELLESLEY MA | 64 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: *Robert H. Ruxin* 4/28/97 528 3 71 1732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Robert H. Ruxin Date Daytime Phone #

CR2E034 (9/96)