

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **852881** (2)  
1. Corporation Name  
**JUNG/BRANNEN ASSOCIATES, INC.**



Principal Place of Business: **177 MILK STREET BOSTON MA 02109-3404**  
Mailing Address: **177 MILK STREET BOSTON MA 02109-3404**

21	2. Principal Place of Business	2a	Mailing Address
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
23	City & State	27	City & State
24	Zip	28	Zip
25	Country	29	Country

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	<b>05/18/1982</b>		<b>03/31/1995</b>
4.	FET Number	Applied For	
	<b>04-2435299</b>	Not Applicable	
5.	Certificate of Status Desired	<input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HSIUNG, ROBERT Y C</b>	
STREET ADDRESS	<b>95 WARREN ST</b>	
CITY - ST - ZIP	<b>NEWTON CENTER, MASS00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRANNEN, ROBERT</b>	
STREET ADDRESS	<b>BAKER BRIDGE RD</b>	
CITY - ST - ZIP	<b>LINCOLN, MASS 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PENDLEBURY, DUNCAN</b>	
STREET ADDRESS	<b>320 E. SHORE ROAD</b>	
CITY - ST - ZIP	<b>JAMESTOWN RI</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVEIRA, JOSE</b>	
STREET ADDRESS	<b>31 DUDLEY ST</b>	
CITY - ST - ZIP	<b>NORTH ANDOVER MA</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>JUNG, YU SING</b>	
STREET ADDRESS	<b>21 BENVENUE ST</b>	
CITY - ST - ZIP	<b>WELLESLEY, MASS 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12	NAME	<b>Joseph Mamayek</b>	
13	STREET ADDRESS	<b>30 Trenton Street</b>	
14	CITY - ST - ZIP	<b>Melrose, MA 02176</b>	
21	TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22	NAME	<b>Bruce Johnson</b>	
23	STREET ADDRESS	<b>56 Pheasant Hill Drive</b>	
24	CITY - ST - ZIP	<b>West Hartford, CT 06107</b>	
31	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME		
33	STREET ADDRESS		
34	CITY - ST - ZIP		
41	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME		
43	STREET ADDRESS		
44	CITY - ST - ZIP		
51	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY - ST - ZIP		
61	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	CITY - ST - 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 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: *Jose Silveira*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Jose Silveira, Corporate Clerk**

2/28/96 (617) 482-2299  
DATE DAYTIME PHONE #

CR2E034 (12/95)