

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

FILED
Apr 23 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 # 852881 (2)

1. Corporation Name
JUNG/BRANNEN ASSOCIATES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
34 FARNSWORTH ST BOSTON MA 02210 US		34 FARNSWORTH ST BOSTON MA 02210 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FFI Number
21	26	05/18/1982	04-2435299
Suite, Apt #, etc.	Suite, Apt #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	8.75 Additional Fee Required
City & State	City & State	<input checked="" type="checkbox"/> X	
23	28	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees
Zip	Zip	<input type="checkbox"/>	
Country	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ DATE _____
Signature required for principal place of business agent and then it applies (NOTE: Registered Agent signature required when revalidating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D HSIUNG, ROBERT Y C	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	95 WARREN ST	12 NAME	
STREET ADDRESS	NEWTON CENTER, MASS00000	13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	TD BRANNEN, ROBERT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER BRIDGE RD	22 NAME	
STREET ADDRESS	LINCOLN, MASS 00000	23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	D PENDLEBURY, DUNCAN	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	320 E. SHORE ROAD	32 NAME	
STREET ADDRESS	JAMESTOWN RI	33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	CS MACGILLIVRAY, JOHN F.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7 RADCLIFFE TERRACE	42 NAME	
STREET ADDRESS	HALIFAX MA	43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	D OJAMAA, MART	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11 SWAN AVENUE	52 NAME	
STREET ADDRESS	LEXINGTON MA	53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	D MAMYEK, JOSEPH	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	30 TRENTON STREET	62 NAME	
STREET ADDRESS	MELROSE MA	63 STREET ADDRESS	
CITY-ST-ZIP		64 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: *John F. Mac Gillivray* JOHN F. MAC GILLIVRAY 4/14/98 617-482-2293

CR2E034 (10/97)