

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 15, 1999 8:00 am
Secretary of State

07-15-1999 90007 033 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 852881 ✓

1. Corporation Name
JUNG/BRANNEN ASSOCIATES, INC.

Principal Place of Business
 34 FARNSWORTH ST
 BOSTON MA 02210
 US

Mailing Address
 34 FARNSWORTH ST
 BOSTON MA 02210
 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/18/1982

4. FEI Number
04-2435299

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. Yes No

2. Principal Place of Business
 21 [] Suite, Apt. #, etc.
 22 [] City & State
 23 [] Zip
 24 [] Country

2a. Mailing Address
 26 [] Suite, Apt. #, etc.
 27 [] City & State
 28 [] Zip
 29 [] Country

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 **FL**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HSIUNG, ROBERT Y C	
STREET ADDRESS	95 WARREN ST	
CITY-ST-ZIP	NEWTON CENTER, MASS00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BRANNEN, ROBERT	
STREET ADDRESS	BAKER BRIDGE RD	
CITY-ST-ZIP	LINCOLN, MASS 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PENDELBURY, DUNCAN	
STREET ADDRESS	320 E. SHORE ROAD	
CITY-ST-ZIP	JAMESTOWN RI	
TITLE	CS	<input type="checkbox"/> DELETE
NAME	MACGILLIVRAY, JOHN F.	
STREET ADDRESS	7 RADCLIFFE TERRACE	
CITY-ST-ZIP	HALIFAX MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OJAMAA, MART	
STREET ADDRESS	11 SWAN AVENUE	
CITY-ST-ZIP	LEXINGTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAMYEK, JOSEPH	
STREET ADDRESS	30 TRENTON STREET	
CITY-ST-ZIP	MELROSE MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer, Exec. VP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bruce M. Johnson	
1.3 STREET ADDRESS	13 Carter Drive	
1.4 CITY-ST-ZIP	Framingham, MA 01701	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Sandra P. Smith	
3.3 STREET ADDRESS	37 Linden Place	
3.4 CITY-ST-ZIP	Brookline, MA 02445	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Mamayek	
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)(l), 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: *Joseph Mamayek* 7/6/99 (617) 482-2299

CR2E034 (5/99)

852881

588749-9000733

J|B

Jung | Brannen Associates, Inc.

34 Farnsworth Street
Boston, Massachusetts 02210

t 617.482.2299
f 617.482.4886
e info@jb2000.com

July 5, 1999

Annual Report
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Secretary of State:

We did not receive the original or first packet for the Florida 1999 Profit Corporation Annual Report.

This "2nd Notice" is the first one we received this year.

We are stapling our check in the amount of \$150.00 in payment of the filing fee.

As you suggested, next year, we will call you if we have not received our packet by February 15, 2000.

If you need any further information, please call at 617-482-2299.

Sincerely,


John F. MacGillivray
Clerk