

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

FILED

Feb 24 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 # 857243 (0)  
1. Corporation Name  
HELMSMAN MANAGEMENT SERVICES, INC.

Principal Place of Business 9 RIVERSIDE ROAD WESTON MA 02117 US	Mailing Address 175 BERKELEY ST BOSTON MA 02117 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 9 Riverside 27 Suite, Apt. #, etc. 28 City & State 29 Weston, MA 30 Zip 31 02193 32 Country 33 USA
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/28/1983	4. FEI Number 04-2791584	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KELLY, EDMUND F.	
STREET ADDRESS	315 WELLESLEY ST	
CITY-ST-ZIP	WESTON MA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	GILVAR, BARRY S.	
STREET ADDRESS	11 CLARENCE RD	
CITY-ST-ZIP	WAYLAND MA	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ELLIOT	
STREET ADDRESS	11 HICKORY LANE N	
CITY-ST-ZIP	READING MA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PUGH, JAMES R.	
STREET ADDRESS	65 COLBURN RD	
CITY-ST-ZIP	WELLESLEY MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEDDY, AMY J.	
STREET ADDRESS	31 JODIE RD	
CITY-ST-ZIP	FRAMINGHAM MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Amy J. Leddy	
1.3 STREET ADDRESS	32 Hallett Hill Road	
1.4 CITY-ST-ZIP	Weston, MA 02193	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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 in an attachment with an address.

SIGNATURE:

*Amy J. Leddy*

CR2E034 (10/97)