OCUMENT #       857416         MEDIPLEX CONSTRUCTION CO., INC.         Icipal Place of Business       Mailing Address         'CEDAR STREET       110 CEDAR STREET         TE 30       SUITE #30         ULESLEY MA 02181       WELLESLEY MA 02191         US       Principal Place of Business         Za.       Mailing Address         Za.       Mailing Address         Za.       Suite, Apt. #, etc.         Za       Suite, Apt. #, etc.         Zip       Country         Za       Diverse and Address of Current Registered Agent         CT CORPORATION SYSTEM       82         1200 S. PINE ISLAND ROAD       82         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named of office or registered agent, or both, in the State of Florida. Such charge was authorized by the corp agent. 1 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE       GoSMAN, ABRAHAM       12.11TLE         Signature, typed or printed name or negittered agent and tite if	DO NOT WRITE IN THIS SPACE         3. Date Incorporated or Qualified         08/12/1983         4. FEI Number         04-2799849         5. Certificate of Status Desired         5. Certificate of Status Desired         6. Election Campaign Financing         7. Trust Fund Contribution         8. This corporation owes the current year         intangible Personal Property.         10. Name and Address of New Registered Agent
Icipal Place of Business       Mailing Address         (CEDAR STREET       110 CEDAR STREET         TE 90       SUITE #90         LLESLEY MA 02181       WELLESLEY MA 02181         US       26         Suite, Apt. #, etc.       27         Zity & State       City & State         27       Country         28       28         Zip       Country         29       30         9. Name and Address of Current Registered Agent         81       Name         1200 S. PINE ISLAND ROAD         PLANTATION FL 33324         84       City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named of office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE       Signeture, typed or printed name of registered agent and the if applicable.       (NOTE: Registered Agent signeture.         OFFICERS AND DIRECTORS       13.         13       13.       11.         TADRESS       513 COUNTY ROAD       13.         SHERWIN, JONATHAN S.       21. NAME       23. Street ADDRESS         37.2P       V       DELETE       21. TITLE	DO NOT WRITE IN THIS SPACE         3. Date Incorporated or Qualified         08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent
CEDAR STREET       110 CEDAR STREET         TE 30       SUITE #90         ULESLEY MA 02181       WELLESLEY MA 02181         "rincipal Place of Business       2a. Malling Address         Z6       Suite, Apt. #, etc.         Z7       City & State         Z1p       Country         Z2       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         S. Name and Address of Current Registered Agent         81       Name         CT CORPORATION SYSTEM       81         1200 S. PINE ISLAND ROAD       82         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named o office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent.1 am familiar with, and accept the obligations of, section 607.0508, Florida Statutes.         NATURE       OFFICERS AND DIRECTORS       13.         OFFICERS AND DIRECTORS       13.         OFFICERS AND DIRECTORS       13.         OFFICERS AND DIRECTORS       13.         TADRESS       513 COUNTY ROAD         SHERWIN, JONATHAN S.       21 mile </th <th>DO NOT WRITE IN THIS SPACE         3. Date Incorporated or Qualified         08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent</th>	DO NOT WRITE IN THIS SPACE         3. Date Incorporated or Qualified         08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent
CEDAR STREET       110 CEDAR STREET         TE 30       SUITE #90         ULESLEY MA 02181       WELLESLEY MA 02181         "rincipal Place of Business       2a. Malling Address         Z6       Suite, Apt. #, etc.         Z7       City & State         Z1p       Country         Z2       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         Country       Z1p         S. Name and Address of Current Registered Agent         81       Name         CT CORPORATION SYSTEM       81         1200 S. PINE ISLAND ROAD       82         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named o office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent.1 am familiar with, and accept the obligations of, section 607.0508, Florida Statutes.         NATURE       OFFICERS AND DIRECTORS       13.         OFFICERS AND DIRECTORS       13.         OFFICERS AND DIRECTORS       13.         OFFICERS AND DIRECTORS       13.         TADRESS       513 COUNTY ROAD         SHERWIN, JONATHAN S.       21 mile </td <td>3. Date Incorporated or Qualified         08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent</td>	3. Date Incorporated or Qualified         08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent
LLESLEY MA 02181       WELLESLEY MA 02181         Principal Ptace of Business       2a. Malling Address         Z6       Suite, Apt. #, etc.         271       Country         Z72       Z1p         Country       Z1p         S12       Street         B1       Name         B2       Street         B2       Street         B2       Street         B2       Street         B3       B4         City       B2         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named office or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent.	3. Date Incorporated or Qualified         08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent
US Principal Place of Business US UIte, Apt. #, etc. Zel Suite, Apt. #, etc. Zel Suite, Apt. #, etc. Zel City & State Zel Zip Country Zel Country Zel Country Zel Country Zel Supervisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named o Greater or registered agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. NATURE D/P Explored agent, or both, in the State of Florida. Such change was authorized by the corp agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes. NATURE D/P Explored or printed name of registered agent and their applicable. (NOTE: Registered Agent algentu is statutes. NATURE D/P Explored or printed name of registered agent and their applicable. D/P Explored Agent algentu is statute. US State D/P Explored Agent agent and their applicable. D/P Explored Agent agent agent and their applicable. D/P Explored Agent agent Statutes. NATURE State DORESS State D/P Explored Agent agent State DORESS State State DORES State DORESS State DORESS State DORESS State DORES State DORESS St	3. Date Incorporated or Qualified         08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent
Principal Place of Business       2a. Mailing Address         Suite, Apt. #, etc.       26         Suite, Apt. #, etc.       27         Zity & State       City & State         Zip       Zip         Zoll & State       28         Zip       Zip         Zoll & State       29         30       30         9. Name and Address of Current Registered Agent         1200 S. PINE ISLAND ROAD         PLANTATION FL 33324         B4         City & States         0         PLANTATION FL 33324         B4         City & Country agent. 1 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE         Signature, typed or printed name of registered agent and title if applicable.         OFFICERS AND DIRECTORS         13.         D/P         GOSMAN, ABRAHAM         513 COUNTY ROAD         STZIP       V         V       DELETE         SHERWIN, JONATHAN S.         137.       17.0         V       DELETE         SHERWIN, JONATHAN S.         137.       17.0         V       DELETE         SHERW	08/12/1983         4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent
Z6         Suite, Apt. #, etc.         Zity & State         Zip         Country         Z5         Zip         Suite, Apt. #, etc.         Zip         Country         Z5         Zip         Suite, Apt. #, etc.         Zip         Zip         Suite, Apt. #, etc.         Zip         Zip         Suite, Apt. #, etc.         Zip	4. FEI Number       Applied For         04-2799849       Not Applicable         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         10. Name and Address of New Registered Agent
Suite, Apt. #, etc.       Suite, Apt. #, etc.         2ity & State       City & State         Zip       Country         25       29         30       9. Name and Address of Current Registered Agent         CT CORPORATION SYSTEM       81         1200 S. PINE ISLAND ROAD       82         PLANTATION FL 33324       83         B4       City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. 1 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE       [NOTE: Registered Agent signetu         OFFICERS AND DIRECTORS       13.         TADORESS       513 COUNTY ROAD       13 STREET ADDRESS         31.20P       WEST PALM BEACH FL 33480       14 ctry-st-2IP         V       DELETE       21 tritle         SHERWIN, JONATHAN S.       23 STREET ADDRESS         31.21P       NEEDHAM MA 02194       24 ctry-st-2IP         V       DELETE       3.1 tritle         JACOBS, FREDERIC H.       32 NAME	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         10. Name and Address of New Registered Agent
27         City & State         2ip       Country         25       29         30         9. Name and Address of Current Registered Agent         CT CORPORATION SYSTEM         1200 S. PINE ISLAND ROAD         PLANTATION FL 33324         84         City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. 1 am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE         Signature, typed or printed name of registered agent and title if applicable.         OFFICERS AND DIRECTORS         13.         TA00RESS         513 COUNTY ROAD         Sitz COUNTY ROAD         14 ctry-str.2iP         V         SHERWIN, JONATHAN S.         ST-2iP         V         SHEEDHAM MA 02194         V         JACOBS, FREDERIC H.	5. Certificate of Status Desired       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         10. Name and Address of New Registered Agent
City & State       City & State         Zip       Country       Zip         25       29       30         9. Name and Address of Current Registered Agent       81         1200 S. PINE ISLAND ROAD       82         PLANTATION FL 33324       83         84       City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named confice or registered agent, or both, in the State of Florida. Such change was authorized by the corplagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signeture.         OFFICERS AND DIRECTORS       13.       11.         IT ADORESS       513 COUNTY ROAD       13. STREET ADDRESS         SIT-ZIP       V       DELETE       21. TITLE         V       DELETE       21. TITLE         SHERWIN, JONATHAN S.       23. STREET ADDRESS       33. STREET ADDRESS         SIT-ZIP       V       DELETE       23. STREET ADDRESS         SIT-ZIP       V       DELETE       23. STREET ADDRESS         SIT-ZIP       V       DELETE       23. STREET ADDRESS         SIT-ZIP       V       DELETE       3.1. TITLE         SH	Trust Fund Contribution       Added to Fees         8. This corporation owes the current year intangible Personal Property.       Yes         10. Name and Address of New Registered Agent
Zip       Country       Zip       Country         25       29       30         9. Name and Address of Current Registered Agent       81       Name         CT CORPORATION SYSTEM         1200 S. PINE ISLAND ROAD       82       Street /         PLANTATION FL 33324       83       84       City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.       NATURE         Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signeture.         OFFICERS AND DIRECTORS       13.         D/P       Deleter       1.1 TITLE         GOSMAN, ABRAHAM       1.2 NAME         Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signeture.         V         OFFICERS AND DIRECTORS       13.         V         OLIPE COUNTY ROAD         Siteet Address         NEEDHAM MA 02194       1.4 City-st-ziP         V       DELETE <tr< td=""><td>Trust Fund Contribution       Added to Fees         8. This corporation owes the current year intangible Personal Property.       Yes         10. Name and Address of New Registered Agent</td></tr<>	Trust Fund Contribution       Added to Fees         8. This corporation owes the current year intangible Personal Property.       Yes         10. Name and Address of New Registered Agent
25     29     30       9. Name and Address of Current Registered Agent     81     Name       CT CORPORATION SYSTEM     82     Street       1200 S. PINE ISLAND ROAD     82     Street       PLANTATION FL 33324     83     84       City     83     84       Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named conflice or registered agent, or both, in the State of Florida. Such change was authorized by the corpagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.       NATURE     Signature, typed or printed name of registered agent and title if applicable.     (NOTE: Registered Agent signature.       OFFICERS AND DIRECTORS     13.       D/P     DELETE     1.1 TITLE       GOSMAN, ABRAHAM     1.2 NAME       ST-ZIP     V     DELETE       V     DELETE     2.1 TITLE       SHERWIN, JONATHAN S.     2.2 NAME       IT ADDRESS     197 FIRST AVENUE     2.3 STREET ADDRESS       IT-ZIP     NEEDHAM MA 02194     2.4 CITY-ST-ZIP       V     DELETE     3.1 TITLE       JACOBS, FREDERIC H.     3.2 NAME	intangible Personal Property. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent       81       Name         CT CORPORATION SYSTEM       81       Name         1200 S. PINE ISLAND ROAD       82       Street /         PLANTATION FL 33324       83       84       City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named confice or registered agent, or both, in the State of Florida. Such change was authorized by the corplagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM       81       Name         1200 S. PINE ISLAND ROAD       82       Street /         PLANTATION FL 33324       83       84       City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named c office or registered agent, or both, in the State of Florida. Such change was authorized by the corpragent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.       NATURE         NATURE       Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signeture)         OFFICERS AND DIRECTORS       13.         D/P       DELETE       1.1 TITLE         GOSMAN, ABRAHAM       1.2 NAME         ET ADDRESS       513 COUNTY ROAD       1.3 STREET ADDRESS         STZIP       V       DELETE       2.1 TITLE         SHERWIN, JONATHAN S.       2.2 NAME       2.3 STREET ADDRESS         STZIP       NEEDHAM MA 02194       2.4 CiTY-ST-ZIP       2.4 CiTY-ST-ZIP         V       DELETE       3.1 TITLE       3.1 TITLE         JACOBS, FREDERIC H.       3.2 NAME       3.2 NAME	
1200 S. PINE ISLAND ROAD       82       Street /         PLANTATION FL 33324       83         84       City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named cooffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpragent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE	ddress (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RUAD         PLANTATION FL 33324         84         City         Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpugent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE         Signature, typed or printed name of registered agent and title if applicable.         (NOTE: Registered Agent signeture)         OFFICERS AND DIRECTORS         13.         D/P         GOSMAN, ABRAHAM         1.1 TITLE         GOSMAN, ABRAHAM         1.2 NAME         S13 COUNTY ROAD         S13 COUNTY ROAD         S13 COUNTY ROAD         S14 City-ST-ZIP         V         SHERWIN, JONATHAN S.         S17-ZIP         V         SHERWIN, JONATHAN S.         S17-ZIP         V         SHERWIN, JONATHAN S.         S17-ZIP         V         JACOBS, FREDERIC H.	
Bd     City       Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named coffice or registered agent, or both, in the State of Florida. Such change was authorized by the corpurate agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.       NATURE	
Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named cooffice or registered agent, or both, in the State of Florida. Such change was authorized by the corplagent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.         NATURE       Image: Stignature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signature)         OFFICERS AND DIRECTORS       13.         D/P       DELETE       1.1 TITLE         GOSMAN, ABRAHAM       12 NAME         State of S13 COUNTY ROAD       1.3 STREET ADDRESS         ST-ZIP       V       DELETE         V       DELETE       2.1 TITLE         SHERWIN, JONATHAN S.       2.2 NAME         ST-ZIP       NEEDHAM MA 02194       2.3 STREET ADDRESS         IT-ZIP       V       DELETE       3.1 TITLE         SHERWIN, JONATHAN S.       2.3 STREET ADDRESS       3.2 NAME         IT-ZIP       V       DELETE       3.1 TITLE         JACOBS, FREDERIC H.       3.2 NAME       3.2 NAME	
office or registered agent, or both, in the State of Florida. Such change was authorized by the corple agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.          NATURE         (NOTE: Registered Agent signeture         OFFICERS AND DIRECTORS         13.         D/P         GOSMAN, ABRAHAM         12 NAME         Strater Agent signeture         OFFICERS AND DIRECTORS         13.         D/P         GOSMAN, ABRAHAM         12 NAME         State of Pall BEACH FL 33480         1.4 CITY-ST-ZIP         V       DELETE         SHERWIN, JONATHAN S.         2.2 NAME         V         SHERWIN, JONATHAN S.         2.4 CITY-ST-ZIP         V       DELETE       3.1 TITLE         SHEEDHAM MA 02194       2.4 CITY-ST-ZIP         V       DELETE       3.1 TITLE         JACOBS, FREDERIC H.       3.2 NAME	<b>85</b> Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corple agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.          NATURE         (NOTE: Registered Agent signeture         OFFICERS AND DIRECTORS         13.         D/P       DELETE       1.1 TITLE         GOSMAN, ABRAHAM       1.2 NAME         ET ADDRESS       13.         V       1.3 STREET ADDRESS         ST-ZIP       V       1.3 STREET ADDRESS         V       DELETE       2.1 FITLE         SHERWIN, JONATHAN S.       2.2 NAME         IT ADDRESS         IT AD	FL   <sup>au</sup>
Signature, typed or printed name of registered agent and title if applicable.       (NOTE: Registered Agent signeture         OFFICERS AND DIRECTORS       13.         D/P       DELETE       1.1 TITLE         GOSMAN, ABRAHAM       1.2 NAME         ET ADDRESS       513 COUNTY ROAD       1.3 STREET ADDRESS         ST-ZIP       WEST PALM BEACH FL 33480       1.4 CITY-ST-ZIP         V       DELETE       2.1 TITLE         SHERWIN, JONATHAN S.       2.2 NAME         ST-ZIP       NEEDHAM MA 02194       2.4 CITY-ST-ZIP         V       DELETE       3.1 TITLE         JACOBS, FREDERIC H.       3.2 NAME	rporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
D/P       DELETE       1.1 TITLE         GOSMAN, ABRAHAM       1.2 NAME         S13 COUNTY ROAD       1.3 STREET ADDRESS         ST-ZIP       WEST PALM BEACH FL 33480       1.4 CITY-ST-ZIP         V       DELETE       2.1 TITLE         SHERWIN, JONATHAN S.       22 NAME         ST-ZIP       NEEDHAM MA 02194       2.3 STREET ADDRESS         V       DELETE       3.1 TITLE         V       DELETE       3.1 ANE	e required when reinstating) OATE
GOSMAN, ABRAHAM         1.2 NAME           ET ADDRESS         513 COUNTY ROAD         1.3 STREET ADDRESS           ST-ZIP         WEST PALM BEACH FL 33480         1.4 CITY-ST-ZIP           V         DELETE         2.1 TITLE           SHERWIN, JONATHAN S.         2.2 NAME           ST-ZIP         NEEDHAM MA 02194         2.3 STREET ADDRESS           ST-ZIP         V         DELETE         3.1 TITLE           V         DELETE         3.1 NTILE         3.2 NAME	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ET ADDRESS         513 COUNTY ROAD         1.3 STREET ADDRESS           ST-ZIP         WEST PALM BEACH FL 33480         14 city-st-ZIP           V         DELETE         2.1 TITLE           SHERWIN, JONATHAN S.         22 NAME           ST-ZIP         NEEDHAM MA 02194         2.4 city-st-ZIP           V         DELETE         3.1 TITLE           JACOBS, FREDERIC H.         3.2 NAME	Change Addition
ST-ZIP         WEST PALM BEACH FL 33480         1.4 CITY-ST-ZIP           V         DELETE         2.1 TITLE           SHERWIN, JONATHAN S.         2.2 NAME           ST-ZIP         NEEDHAM MA 02194         2.3 STREET ADDRESS           ST-ZIP         V         2.4 CITY-ST-ZIP           V         DELETE         3.1 TITLE           JACOBS, FREDERIC H.         3.2 NAME	
V         DELETE         2.1 TITLE           SHERWIN, JONATHAN S.         2.2 NAME           197 FIRST AVENUE         2.3 STREET ADDRESS           3T-ZIP         NEEDHAM MA 02194         2.4 CITY-ST-ZIP           V         DELETE         3.1 TITLE           JACOBS, FREDERIC H.         3.2 NAME         3.2 NAME	
ST ADDRESS       197 FIRST AVENUE       2.3 STREET ADDRESS         ST-ZIP       NEEDHAM MA 02194       2.4 CITY-ST-ZIP         V       DELETE       3.1 TITLE         JACOBS, FREDERIC H.       3.2 NAME	Change Addition
ST-ZIP         NEEDHAM MA 02194         2.4 CITY-ST-ZIP           V         DELETE         3.1 TITLE           JACOBS, FREDERIC H.         3.2 NAME	
V DELETE 3.1 TITLE JACOBS, FREDERIC H. 32 NAME	
JACOBS, FREDERIC H.	
	Change Addition
ST-ZIP NEEDHAM MA 02194 3.4 CITY-ST-ZIP	
T DELETE 4.1 TITLE	Change Addition
LEATHERS, FREDERICK 4.2 NAME	
TADDRESS 110 CEDAR STREET 4.3 STREET 4.3 STREET ADDRESS	
IT-ZIP WESLLESLEY MA 02181 44 CITY-ST-ZIP DELETE 5.1 TITLE	Change Addition
DELETE 5.1 TITLE	
T ADDRESS 5.3 STREET ADDRESS	
17-21P 5.4 CITY-ST-ZIP	
DELETE 6.1 TITLE	Change Addition
62 NAME	
T ADDRESS 6.3 STREET ADDRESS	l l l l l l l l l l l l l l l l l l l
T-ZIP 64 CITY-ST-ZIP 64 CITY-ST-ZIP	
nerecy certiny that the information supplied with this hing does not quality for the exemption stated in ndicated on this annual report or supplemental annual report is true and accurate and that my signa in officer or director of the corporation or the <u>pece</u> vier or trustee empowered to execute this report a	section 119.07(3)(i) Florida Statutes 1 further certify that the information
n Block 12 or Block 13 if changed, or on an attachment with an address	section 119.07(3)(i), Florida Statutes. I further certify that the information ure shall have the same legal effect as if made under cath; that I am tenuired by Chapter 607. Florida Statutes: and that my name appears

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