


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000000139 1. Entity Name SOUTHERN TIER SOUTHEAST INCORPORATED	
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Principal Place of Business C/O NORTHLAND INVESTMENT 2150 WASHINGTON ST NEWTON, MA 02642	Mailing Address C/O NORTHLAND INVESTMENT 2150 WASHINGTON ST NEWTON, MA 02642
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01282004 No Chg-P CR2E034 (10/03)

4. FEI Number 80-0006910	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when renouncing.) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000055993 02/18/04-80032-001 1400.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD GOTTESDIENER, LAWRENCE R 2150 WASHINGTON STREET NEWTON, MA 02462
TITLE NAME STREET ADDRESS CITY ST ZIP	PTD GATOF, ROBERT S 2150 WASHINGTON STREET NEWTON, MA 02462
TITLE NAME STREET ADDRESS CITY ST ZIP	C ROSENTHAL, STEVEN P ONE FINANCIAL CENTER BOSTON, MA 02111
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Robert S. Gatof** *1/30/04* *617-965-7100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR