

5-13-98 B 7221 C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 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 # **F91469** (9)
1. Corporation Name
MAINTENANCE AUTOMATION CORPORATION



Principal Place of Business 3107 W. HALLANDALE BCH. BLVD. HALLANDALE FL 33009	Mailing Address 3107 W. HALLANDALE BCH. BLVD. HALLANDALE FL 33009
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/21/1982	
4. FEI Number 59-2217452	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business 21 100 CROSBY DRIVE Suite, Apt. #, etc. 22	2a. Mailing Address 26 100 CROSBY DRIVE Suite, Apt. #, etc. 27
City & State 23 BEDFORD, MA Zip 24 01730	City & State 28 BEDFORD, MA Zip 29 01730

9. Name and Address of Current Registered Agent CT 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 FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DRAPEAU, CHIP		1.2 NAME	
STREET ADDRESS 20 UNIVERSITY ROAD		1.3 STREET ADDRESS 100 CROSBY DRIVE	
CITY-ST-ZIP CAMBRIDGE MA		1.4 CITY-ST-ZIP BEDFORD, MA 01730	
TITLE TS	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BIRCH, PAUL D		2.2 NAME	
STREET ADDRESS 20 UNIVERSITY RD.		2.3 STREET ADDRESS 100 CROSBY DRIVE	
CITY-ST-ZIP CAMBRIDGE MA 02138		2.4 CITY-ST-ZIP BEDFORD, MA 01730	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DANIELS, ROBERT L		3.2 NAME DAVID SAMPLE	
STREET ADDRESS 20 UNIVERSITY RD.		3.3 STREET ADDRESS 100 CROSBY DRIVE	
CITY-ST-ZIP CAMBRIDGE MA 02138		3.4 CITY-ST-ZIP BEDFORD, MA 01730	
TITLE PST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIRCH, PAUL		4.2 NAME	
STREET ADDRESS 20 UNIVERSITY ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP CAMBRIDGE MA		4.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SAWYER, BILL		5.2 NAME	
STREET ADDRESS 20 UNIVERSITY ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP CAMBRIDGE MA		5.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DRAPEAU, CHIP		6.2 NAME	
STREET ADDRESS 20 UNIVERSITY ROAD		6.3 STREET ADDRESS	
CITY-ST-ZIP CAMBRIDGE MA		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 on an attachment with an address.

SIGNATURE _____ **PAUL BIRCH** 4/24/98 791-280-6574

CR2E034 (10/97)