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Apr 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000000414 (3)**

1. Corporation Name
ELECTRONIC BOOK TECHNOLOGIES, INC.



Principal Place of Business ONE RICHMOND SQUARE PROVIDENCE RI 02906 US	Mailing Address ONE RICHMOND SQUARE PROVIDENCE RI 02906-5139 US
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3. Date Incorporated or Qualified 01/28/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

4. FEI Number 05-0446838	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	
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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

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

12. OFFICERS AND DIRECTORS	
TITLE	PTD <input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, LOUIS R
STREET ADDRESS	8 BACKSTAY ROAD
CITY-ST-ZIP	JAMESTOWN RI 02835
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	GADSBY, EDWARD N JR
STREET ADDRESS	92 HIGH STREET
CITY-ST-ZIP	BROOKLINE MA 02146
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	PICCOLO, RICHARD L
STREET ADDRESS	15 PONDVIEW AVE
CITY-ST-ZIP	MEDFIELD MA
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director & President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steven R. Vana-Paxhia
1.3 STREET ADDRESS	67 Mt. Vernon Street, Unit E
1.4 CITY-ST-ZIP	Boston, MA 02108
2.1 TITLE	Director & Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kirby A. Mansfield
2.3 STREET ADDRESS	71B South Road
2.4 CITY-ST-ZIP	Pepperell, MA 01463
3.1 TITLE	Director & Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce G. Hill
3.3 STREET ADDRESS	103 Spy Pond Parkway
3.4 CITY-ST-ZIP	Arlington, MA 02174
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Betty J. Savage
4.3 STREET ADDRESS	13 Smith Avenue
4.4 CITY-ST-ZIP	Lexington, MA 02173
5.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Scott Nordor
5.3 STREET ADDRESS	7221 Orchard
5.4 CITY-ST-ZIP	
6.1 TITLE	Downers Grove, IL 60516 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 included 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: *Sandra B. Mortham* 3/21/97 (617) 753-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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