SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000000510 (8)**

1. Corporation Name
S.C.H. OF MASSACHUSETTS, INC.

Principal Place of Business	Mailing Address
491 MAPLE STREET DANVERS MA 01923	491 MAPLE STREET DANVERS MA 01923

3. Date Incorporated or Qualified: 02/04/1993
3a. Date of Last Report: 03/27/1995

2. Principal Place of Business
21: 2 Bourbon Street
Suite, Apt #, etc. 22: 2nd Floor
City & State 23: Peabody, MA
Zip 24: 01960 Country 25:

2a. Mailing Address
26: 2 Bourbon Street
Suite, Apt #, etc. 27: 2nd Floor
City & State 28: Peabody, MA
Zip 29: 01960 Country 30:

4. FEI Number: 04-3152723 ☐ Applied For ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, WILLIAM A		1.2 NAME	
STREET ADDRESS	491 MAPLE ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	DANVERS MA 01923		1.4 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GLOVSKY, C. JOEL		2.2 NAME	
STREET ADDRESS	6 NEW ENGLAND EXECUTIVE PARK		2.3 STREET ADDRESS	
CITY-ST-ZIP	BURLINGTON MA 01803		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEBHER, HEATHER		3.2 NAME	
STREET ADDRESS	MAIN ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKPORT MA 01966		3.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KOSKI, WILLIAM T		4.2 NAME	
STREET ADDRESS	289 NASHOBA RD.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA 01742		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, WILLIAM A		5.2 NAME	
STREET ADDRESS	491 MAPLE ST.		5.3 STREET ADDRESS	
CITY-ST-ZIP	DANVERS MA 01923		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ 7/1/96 508 535-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0167045 FN