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May 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # F93000000510

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

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/04/1993

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2 BOURBON ST.	26 2 BOURBON ST.
22 Suite, Apt. #, etc. 2ND FLOOR	27 Suite, Apt. #, etc. 2ND FLOOR
23 City & State PEABODY MA	28 City & State PEABODY MA
24 Zip 01960 25 Country USA	29 Zip 01960 30 Country USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: C T CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD
83
84 City: PLANTATION FL 85 Zip Code: 33324

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 appointed) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, WILLIAM A.		12 NAME	
STREET ADDRESS	2 BOURBON ST		13 STREET ADDRESS	
CITY-ST-ZIP	PEABODY MA 01960-1384		14 CITY-ST-ZIP	
TITLE	VPT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	GLOVSKY, C. JOEL		22 NAME	
STREET ADDRESS	44 GREY LANE		23 STREET ADDRESS	
CITY-ST-ZIP	LYNNFIELD MA 01940		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	LEBHAR, HEATHER		32 NAME	
STREET ADDRESS	4 CURTIS ST.		33 STREET ADDRESS	
CITY-ST-ZIP	ROCKPORT MA 01966		34 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	KOSKI, WILLIAM T.		42 NAME	
STREET ADDRESS	289 NASHOBA RD		43 STREET ADDRESS	
CITY-ST-ZIP	CONCORD MA 01742		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	NICHOLSON, WILLIAM A.		52 NAME	600002523360
STREET ADDRESS	2 BOURBON ST.		53 STREET ADDRESS	-05/14/98--01019--029
CITY-ST-ZIP	PEABODY MA 01960-1384		54 CITY-ST-ZIP	***150.00
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (10/97)

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 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: _____ 4/9/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #