## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F93000000978 (7)

PAM INC. OF DELAWARE

Principal Place of Business	Mailing Address
265 FRANKLIN ST., 15TH FL BOSTON MA 02110	265 FRANKLIN \$T., 15TH FL BOSTON MA 02110

## FILED May 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/16/1993 2. Principal Place of Business 28. Mailing Address 4. FEI Number Applied For 04-2829013 Not Applicable 21 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be Election Campaign Financing  $\Box$ 23 Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due Jurie 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST. Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32301 83 84 City Zip Code 85 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 Signature, typed or printed name of regetioned agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 11100 irector Change Addition TITLE Bruce J. Rubin 265 Franklin Street, 16th Floor Scoton, MA 02110 RUBIN, BRUCE J 12 NAME NAME CR2E034 265 FRANKLIN ST., 16TH FL STREET ADDRESS 1.3 STREET ADDRESS **BOSTON MA 02110** 1.4 Ct1Y - S1 - Z(P CITY-ST-ZIP 2 Addition DELETE Change TITLE 2.1 TITLE ARNOLD, WALTER V 2.2 NAME Terrence E. Fancher NAME 1285 Avenue of the Americks 265 FRANKLIN ST., 15TH FL 2.3 STREET ADDRESS STREET ADDRESS BOSTON MA 02110 New York, NY 10019 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE **BROOKS, DAVID F** NAME 3.2 NAME 265 FRANKLIN ST., 18TH FL 3.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02110** CHTY-ST-ZIP 3.4 CITY-ST-ZIP DELETE 4.1 TITLE Change Addition TITLE MACDONALD, LINDA Z NAME 4. 2 NAME 265 FRANKLIN ST., 15TH FL 4.3 STREET ADDRESS STREET ADDRESS **BOSTON MA 02110** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE LEVINE, KENNETH NAME 5.2 NAME 1285 AVENUE OF AMERICAS STREET ADDRESS 5.3 STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE 6.1 TITLE Addition TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-7/P CITY-ST-7IP

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 attaching with an address.