

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**

1995 JUL 18 AM 11:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000983 (7)**

1. Corporation Name

**GHG DEVELOPMENT, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
<b>% THE GATEHOUSE GROUP, INC. 313 CONGRESS ST. BOSTON MA 02210</b>	<b>% THE GATEHOUSE GROUP, INC. 313 CONGRESS ST. BOSTON MA 02210</b>

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Country	29
30	

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>02/19/1993</b>	<b>10/13/1994</b>
4. FEI Number	Applied For
<b>04-3182205</b>	<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 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

**ATTAWAY, JOHN A JR.  
LANE, TROHN  
1 LAKE MORTON DR.  
LAKELAND FL 33802-0003**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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 \_\_\_\_\_  
Signatures typed or printed name of registered agent and the incorporator (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLONSKIER, MARC S	1.2 NAME	
STREET ADDRESS	313 CONGRESS ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	1.4 CITY - ST - ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANEPARI, DAVID J	2.2 NAME	
STREET ADDRESS	313 CONGRESS ST.	2.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, TIMOTHY M	3.2 NAME	
STREET ADDRESS	313 CONGRESS ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUFELD, SARITA D	4.2 NAME	
STREET ADDRESS	313 CONGRESS ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA 02210	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information provided with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; that I am 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: \_\_\_\_\_ DATE: **4-28-95** (617) 267-6227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name #)