

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001661 (8)

1. Corporation Name  
NORTHEAST ENERGY SERVICES, INC.



Principal Place of Business POINT WEST PLACE 111 SPEEN STREET, SUITE 500 FRAMINGHAM MA 01701	Mailing Address POINT WEST PLACE 111 SPEEN STREET, SUITE 500 FRAMINGHAM MA 01701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Point West Place Suite, Apt. #, etc. 22 111 Speen St., Ste. 500 City & State 23 Framingham, MA Zip 24 01701		2a. Mailing Address 26 Point West Place Suite, Apt. #, etc. 27 111 Speen St., Ste. 500 City & State 28 Framingham, MA Zip 29 01701		3. Date Incorporated or Qualified 04/05/1993	
25 USA		30 USA		4. FEI Number 04-3067182	
2. Principal Place of Business		2a. Mailing Address		Applied For Not Applicable	
2. Principal Place of Business		2a. Mailing Address		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business		2a. Mailing Address		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301		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	
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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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SAKELLARIS, GEORGE P 64 BRUNSWICK STREET QUINCY MA	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Quincy, MA 02171
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V O'BRIEN, JOSEPH E 28 SHIPMAN ROAD ANDOVER MA 01810	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CASTONGUAY, MICHAEL R 3 CASTLE DRIVE ACTON MA 01720	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ANDERSON, DAVID J 59 WESTHAVEN DRIVE BROCKTON MA 02401	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V Anderson, David J. 15 Truman Drive N. Easton, MA 02356
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARTIN, JOHN D 256 ROBERT ROAD MARLBORO MA 01752	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RIZZO, JOHN J 86 THERESA STREET WOONSOCKET RI 02895	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE:  V.D. Treasurer 3/23/98 5088752252

CR2E034 (10/97)