

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

FILED  
Apr 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001717 (8)

1. Corporation Name

PROGRAMART CORPORATION

Principal Place of Business

124 MOUNT AUBURN STREET  
CAMBRIDGE MA 02138

Mailing Address

124 MOUNT AUBURN STREET  
CAMBRIDGE MA 02138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/06/1993	
21		26		4. FEI Number 04-2456531	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRON, JOHN E	1.2 NAME	
STREET ADDRESS	124 MOUNT AUBURN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUTZMAN, BYRON W	2.2 NAME	
STREET ADDRESS	124 MOUNT AUBURN STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, ROBERT F	3.2 NAME	
STREET ADDRESS	124 MOUNT AUBURN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSKY, LOWELL S	4.2 NAME	
STREET ADDRESS	124 MOUNT AUBURN STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEARD, JOHN E	5.2 NAME	
STREET ADDRESS	124 MOUNT AUBURN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINSALATA, LINDA S	6.2 NAME	
STREET ADDRESS	124 MOUNT AUBURN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA 02138	6.4 CITY-ST-ZIP	

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:



Robert F. Morse 4/10/98

(617)498-4015

CR2E034 (10/97)