

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

FILED  
Jan 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000002812 (6)

1. Corporation Name  
SUMNER SCHEIN ARCHITECTS AND ENGINEERS, INC.



Principal Place of Business  
23 EAST STREET  
CAMBRIDGE MA 02141-1215

Mailing Address  
23 EAST STREET  
CAMBRIDGE MA 02141-1215

3. Date Incorporated or Qualified  
06/14/1993

3a. Date of Last Report  
06/25/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	04-3177805	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
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  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEIN, STEPHEN B	1.2 NAME	
STREET ADDRESS	10 ROGERS ST UNIT 1208	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'CONNELL, RICHARD J	2.2 NAME	
STREET ADDRESS	43 DASCUMB RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRANT, JAMES E	3.2 NAME	
STREET ADDRESS	7 CANTERBURY ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BILLERICA MA	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, SIDNEY	4.2 NAME	
STREET ADDRESS	8 POTTER ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRAMINGHAM MA	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDY, HOWELL A	5.2 NAME	
STREET ADDRESS	72 HOWARD ST., #3	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAMBRIDGE MA	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, RUSSELL K	6.2 NAME	
STREET ADDRESS	6 BALSAM DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHELMSFORD MA	6.4 CITY-ST-ZIP	

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

617-225-8700  
Daytime Phone #

0000628

CR2E034 (9/96)