

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

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97 AUG 13 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **F93000004453**

1. Corporation Name

CASH MANAGEMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**25 Fordham Rd.
Boston MA 02134**

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

3. Date Incorporated or Qualified 1/72	3a. Date of Last Report 6/19/94
4. FEI Number 04-2504179	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARMEN ABOO
1311 NORTH WEST SHORE BLVD
SUITE 202
TAMPA FLORIDA 33607**

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

FL

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 **Carmen Aboo** DATE **7/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	JEFFREY W. GOFF - PRES. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	545 SCRAGGY NECK RD.	1.2 NAME	400002270334--8
STREET ADDRESS	CATAUMET MA 02534	1.3 STREET ADDRESS	-08/18/97--01138--006
CITY-ST-ZIP	CATAUMET MA 02534	1.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	LORRAINE GOFF - V.P. <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	545 SCRAGGY NECK RD.	2.2 NAME	
STREET ADDRESS	CATAUMET MA 02534	2.3 STREET ADDRESS	
CITY-ST-ZIP	CATAUMET MA 02534	2.4 CITY-ST-ZIP	
TITLE	ROBERT BRYAN - V.P. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	212 HEMLOCK DR.	3.2 NAME	
STREET ADDRESS	STOCKBRIDGE GA 30281	3.3 STREET ADDRESS	
CITY-ST-ZIP	STOCKBRIDGE GA 30281	3.4 CITY-ST-ZIP	
TITLE	MICHAEL LINDSEY - VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4010 CLARENDON	4.2 NAME	
STREET ADDRESS	CHICAGO IL 60613	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60613	4.4 CITY-ST-ZIP	
TITLE	EDWARD GILSE - DIRECTOR <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. Box 7480	5.2 NAME	
STREET ADDRESS	CAPE PORPOISE, ME 04014	5.3 STREET ADDRESS	
CITY-ST-ZIP	CAPE PORPOISE, ME 04014	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: **Lorraine Goff** DATE: **7/22/97** (617) 783-4114

CR2E034 (9/96)