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

PROFIT CORPORATION ANNUAL REPORT

1998



■ TLONIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9300004632 (6)

C.S.R. CORPORATION

FILED May 01 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address) 1001100 tille (dies sint sain Sein Arnt Sain Sain siele enes mier mat den	
30 INDUSTRIA		30 INDUSTRIAL WAY				
NORWOOD MA Q2062		NORWOOD MA 02082			DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					10/14/1993	
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26	26		04-2718520 Not Applicat	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. Certificate of Status Desired \$8.75 Additional	
22		27	27		Fee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution	
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible	
24	25	29 30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curren			1 Nome	10. Name and Address of New Registered Agent	
	Entice Hall Corporation S	YSTEM, INC.	"	1 Name		
110 N. MAGNOLIA ST. T ALLA HASSEE FL 32301			8	2 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
			-			
			6	3		
			В	4 City	85 Zip Code	
				1	FL 63 2 D COUR	
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu of Florida: Such change was	tes, the abo authorized	ive-named co by the corpor	orporation submits this statement for the purpose of changing its registers ration's board of directors. I hereby accept the appointment as registered	
agent. I ar	n fa miliar with, and accept the obliga	ations of Section 607.0505, Fi	orida Statut	es.		
SIGNATURE						
<u> </u>	Signature, typed or printed raine of registered age			igent signature rec	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DELETE	13.		Change Additions	
TITLE						
NAME	Santino, Joseph 15 Old Colony Dr.		1.2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP	NORFOLK MA 02056	DELETE	2.1 TITLE	- \$T- ZIP	Change Additi	
TITLE	PD CARROLL MANES	L. Other			C vitality C vitality	
NAME	CARROLL, JAMES		2.2 NAM			
STREET ADDRESS	308 RUSSETT RD.			ET ADDRESS	•	
CITY-ST-ZIP	CHESTNUT HILL MA 02167	DELETE	2. 4 CHY 3.1 THL	r - ST - ZIP	Change Addill	
TITLE		perese			- Consider the control of the contro	
NAME			3.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY	r-ST-ZIP	Change Addit	
			4.7 M.C			
NAME PROCES ADDRESS				ET ADDRESS		
STREET ADDRESS			•	-ST-ZIP		
CITY-ST-ZIP		DELETE	5 1 THTL		ChangeAddit	
TITLE NAME		E DECENT	5.2 NAM		- T.	
				ET ADDRESS		
STREET ADDRESS				- ST - ZIP	5·1	
CITY-ST-ZIP TITLE		DELETE	5.1 TITE		Shange Addit	
NAME		-			600002509066 Addition -05/04/9801028041	
			6.2 NAM 6.3 STR	ET ADDRESS	-U5/U4/38U1U28U41	
STREET ADORESS				-S1-ZIP	***150.00	
14. I hereby o	sertify that the information supplied w	ith this filing does not qualify	for the ever	online stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
indicated	on this annual report or supplement	al annual report is true and ac	curate and	that my signa	ature shall have the same legal effect as if made under oath; that I am an	
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 receiveror 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 attrictional with an address.						