

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

FILED
Jan 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F94000000141 (1)
1. Corporation Name
JOHN K. DWIGHT ASSET MANAGEMENT COMPANY, INC.



Principal Place of Business
125 COLLEGE ST
BURLINGTON VT 05402-590
US

Mailing Address
P O BOX 1590
BURLINGTON VT 05402-590
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-3211048	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		8.75 Additional Fee Required	
05402-1590				6. Election Campaign Financing	
				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	DELETE	1.1 TITLE	Change	Addition		
NAME	DWIGHT, JOHN K		1.2 NAME				
STREET ADDRESS	125 COLLEGE STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	BURLINGTON VT		1.4 CITY-ST-ZIP				
TITLE	VD	DELETE	2.1 TITLE	Change	Addition		
NAME	RICHARSON, DAVID		2.2 NAME				
STREET ADDRESS	125 COLLEGE STREET		2.3 STREET ADDRESS				
CITY-ST-ZIP	BURLINGTON VT		2.4 CITY-ST-ZIP				
TITLE	S	DELETE	3.1 TITLE	Change	Addition		
NAME	GABEL, PATRICIA		3.2 NAME				
STREET ADDRESS	190 MAIN ST. BOX 190		3.3 STREET ADDRESS				
CITY-ST-ZIP	BURLINGTON VT		3.4 CITY-ST-ZIP				
TITLE	T	DELETE	4.1 TITLE	Change	Addition		
NAME	BRAUNEGG, WILLIAM T.		4.2 NAME				
STREET ADDRESS	125 COLLEGE STREET		4.3 STREET ADDRESS				
CITY-ST-ZIP	BURLINGTON VT		4.4 CITY-ST-ZIP				
TITLE	D	DELETE	5.1 TITLE	Change	Addition		
NAME	REAMER, NORTON		5.2 NAME				
STREET ADDRESS	ONE INTERNATIONAL PLACE		5.3 STREET ADDRESS				
CITY-ST-ZIP	BOSTON MA		5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	Change	Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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 in an attachment with an address.

SIGNATURE: _____

CR2E034 (10/97)