

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

FILED  
Feb 16 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000191 (6)  
1. Corporation Name  
GEO-CENTERS, INC.



Principal Place of Business 7 WELLS AVE NEWTON CENTRE MA 02159	Mailing Address 7 WELLS AVE NEWTON CENTRE MA 02159
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/13/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 04-2527130	Applied For Not Applicable
23 Zip	25 Country	28 Zip	29 Country	6. 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

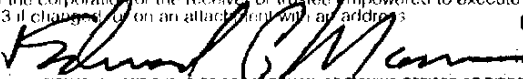
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCT	1.1 TITLE	Chief Executive Officer
NAME	MARRAM, EDWARD P	1.2 NAME	
STREET ADDRESS	5 HEATHWOOD LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTNUT HILL MA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	BORTEN, WILLIAM H	2.2 NAME	
STREET ADDRESS	10804 BALANTREE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WESSLER, BARRY D	3.2 NAME	
STREET ADDRESS	12009 SMOKETREE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	POTOMAC MD	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	BEERS, RICHARD H	4.2 NAME	
STREET ADDRESS	2890 DUNLEIGH DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNKIRK MD	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	POGARIAN, ANDREA	5.2 NAME	
STREET ADDRESS	691 MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WATERTOWN MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	TOUPS, JOHN M.	6.2 NAME	
STREET ADDRESS	1209 STUART ROBESON DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MCLEAN VA 22101	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:  EDWARD P. MARRAM CEO 2/8/98 617-964-7070

CR2E034 (10/97)