

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F94000000291  
 1. Corporation Name  
CENTENNIAL ASSOCIATES, INC.

Principal Place of Business <u>4 CENTENNIAL DRIVE</u> <u>PEABODY, MA 01961</u>	Mailing Address <u>4 CENTENNIAL DRIVE</u> <u>PEABODY, MA 01961</u>
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2. Principal Place of Business 21 <u>SEE ABOVE</u>	2a. Mailing Address 26 <u>SEE ABOVE</u>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <u>01/21/1994</u>	3a. Date of Last Report <u>4/28/95</u>
4. FEI Number <u>04-3157520</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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
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**

TITLE	<u>P/S/D</u>	<input type="checkbox"/> DELETE
NAME	<u>THOMAS F. RYAN</u>	
STREET ADDRESS	<u>206 LOCHA DRIVE,</u>	
CITY-ST-ZIP	<u>JUPITER, FLORIDA 33458</u>	
TITLE	<u>VP/T/AS/D</u>	<input type="checkbox"/> DELETE
NAME	<u>JOHN G. WELLMAN, JR.</u>	
STREET ADDRESS	<u>49 CHURCH STREET</u>	
CITY-ST-ZIP	<u>NORTHBORO, MA 01532</u>	
TITLE	<u>VP</u>	<input type="checkbox"/> DELETE
NAME	<u>TERRY L. COWMAN</u>	
STREET ADDRESS	<u>8 ROCKWOOD HEIGHTS</u>	
CITY-ST-ZIP	<u>MANCHESTER, MA 01944</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** John G. Wellman, Jr. 4/17/96 (508) 538-1724  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

**CENTENNIAL ASSOCIATES, INC.  
OFFICERS & DIRECTORS OF THE CORPORATION  
JANUARY 1996**

**THOMAS F. RYAN**

**TITLE:** President, Secretary, Director  
**SSN:** 023-30-7939  
**HOME ADDRESS:** 206 Locha Drive, Jupiter, FL 33458  
**HOME PHONE:** (407) 477-3944

**JOHN G. WELLMAN, JR.**

**TITLE:** Executive Vice President, Treasurer,  
Assistant Secretary, Director  
**SSN:** 033-34-4959  
**HOME ADDRESS:** 49 Church Street, Northboro, MA 01532  
**HOME PHONE:** (508) 393-3871

**TERRY L. COWMAN**

**TITLE:** Vice President  
**SSN:** 530-48-1090  
**HOME ADDRESS:** 8 Rockwood Heights, Manchester, MA 01944  
**HOME PHONE:** (617) 526-1902