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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400000359 (9)

GHG GOLDENROD, INC.

FILED Feb 07 1997 8:00am Secretary of State

C/O THE GATEHOUSE GROUP. INC 313 CONGRESS ST BOSTON MA 02210 US		Mailing Address C/O THE GATEHOUSE GROUP, INC 313 CONGRESS ST. BOSTON MA 02210-1218 US			3. Date Incorporated or Qualified 01/25/1994	3a. Date 05/01/	of Last F 1996	Report
2. Principa! Plac	e of Business	2a. Mailing Address			4. FEI Number	<u> </u>	A	pptied For
21		26						ot Applicable
Suite Apt #. 22	eic	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing			May Be
23	Courts	28	- T		Trust Fund Contribution		Added	to Fees
Z-p 24	Country 25	Zip 29	Country 30	, 		Yes 🔲	10	s. 199.032,
	 Name and Address of Current AY, JOHN A JR., ESQ 	t Registered Agent	81	T NA	10. Name and Address of New Rec	pistered Age	ent	
	WALNUT ST.		81	Name				
	ND FL 33801		82	Street Add	lress (P.O. Box Number is Not Acceptabl	le)		
ı			83					
			84	City			15 Zip	Code
44	60701	0 1007 1500 EL 14 0] 1	poration submits this statement for the pa	FL		
SIGNATURE Signature	nation Typical or printed name of registered age	nt and little if applicable (N			polation's board of directors. I hereby accep	DATE		
12.	PS OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICE			
11116	LONSKIER, MARC S	☐ DELETE	1.1 TITLE			L	Change	Addition Addition
	13 CONGRESS STREET		1.2 NAME	ADDRESS				
CITY-ST-ZIP B	OSTON MA		1.4 CITY - S	1				
THE	EVP	DELETE	2.1 TITLE				Change	Addition
	ANEPARI, DAVID J 13 CONGRESS STREET		2.2 NAME					
SIPEELADURESS	OSTON MA		2.3 STREE	· i				
CITY-ST-ZIP		DELETE	2.4 CITY- 3.1 TITLE	ST-ZIP			Change	Addition
	ONOVAN, TIMOTHY M	Land Octob	3.2 NAME			اساء	Change	M VOGILION
STREET ADDRESS 3	13 CONGRESS ST		3.3 STREET	ADDRESS				
TULE STANK	OSTON MA		3 4. CITY-	ST - ZIP				
M.	SC IEUCEI D. CADITA D.	DELETE	4.1 TITLE	T.			Change	☐ Addition
2	ieufeld, sarita d 13 congress st		4. 2 NAME					
R	OSTON MA		4.3 STREET					
CHY-ST-ZIP TITLE		DELETE	4.4 CITY- 5 5.1 TITLE	GT - ZIP			Change	Addition
NAME		in perele	5.2 NAME			لسا	Onenge	L ridolilott
STREET ADDRESS			5.3 STREET	ADDRESS				
CitY+S*+7iP			5.4 CITY-8	T-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS		/	6.3 STREET	AODRESS				
C-TY - ST - ZiP	cortile that the information europlice		6.4 CITY-5		drin Section 110 07/3Vi) Elevido Statutos			

• I do hereby certify that the information supplied with his 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 oractor of the corporation or the receiver of trustee impowered 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31/97 (617)345-9300