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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400000508 (1)

MEDIQUAL SYSTEMS, INC.

Principal	Place of	Business

Mailing Address

1800 WEST PARK DRIVE WESTBOROUGH MA 01581

1900 WEST PARK DRIVE WESTBOROUGH MA 01581-3942

FILED Apr 25 1997 8:00am Secretary of State



Principal Prince of Bushless 2. Valling Address 3.63.112859 3.00 Not Application 2.00 Not Application							3. Date Incorporated or Qualified	,	e of Last F	Report]
Suffice April 19 de Country 20							01/25/1994	06/2			_
Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, Apit ii, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, etc. Solito, apit ii, etc. Solito, apit ii, etc. Solito, etc. Solito, apit ii, etc. Solito, etc.		'							·	-	
20 20 20 20 20 20 20 20						36-3112859				1	
20 20 20 20 20 20 20 20			27	Suite, Apt. #, etc.			5. Certificate of Status Desired				
Section Sect		9	City & State				6. Election Campaign Financing	_	\$5.00	May Be	1
Section Service Company			 				Trust Fund Contribution	<u> </u>	Added	to Fees	_
2. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Codo 85 Zip Codo 86 City Frequent to the provisions of Sections 607 0002 and 607 1908. Flories Statutes. The above name of Corporation submits the statement for the purpose of changing its registered education, or both, in the State of Florida. Such change was authorized to the corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized to the corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized to the corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized to the corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized to the corporation submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized to the corporation submits the statement for the purpose of changing its registered agent, and the statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent, and statement for the purpose of changing its registered agent, and addition and add		<u></u>	\vdash	\rightarrow	ntry		1 ' -			s. 199.032,	1
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLHASSEE FL 32301 82 Street Address (P.O. Box Number is Not Acceptable) 83 Page 12 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 City FL 85 Zip Code 86 City FL 85 Zip Code 86 City FL 85 Zip Code 87 City FL 85 Zip Code 88 City FL 85 Zip Code 89 City FL 85 Zip Code 80 City FL 85	24			30]							-
TALLHASS STREET TALLHASS STREE			uedizraceo waeur		81	Namo	10, Name and Address of New Re	gistered A	gent		1
TALLHASSEE FL 32301 83 84 City FL 85 Zip Codo 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 agent. In a finalize with, and decopt the obligations of Section 607,0505. Florida Statutes. The part of the corporation's board of directors. I hereby accept the experiment as registered agent, and the capt the obligations of Section 607,0505. Florida Statutes. SIGNATURE 12.				į	١.	- Marile					
11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Florios 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 Florids, Such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered spent, and accept the obligations of Section 607,605, Florids Statutes. SIGNATURE 12. OF FIRERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD MAKE KRISS, ERIC 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME PSD MKRISS, ERIC 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME PSD MKRISS, ERIC 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME D MKRISS, ERIC 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME D MKRISS, ERIC 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME D MKRISS, ERIC 13. SIMET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME D MKRISS, ERIC 13. SIMET ADDRESS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TIME D MKRISS, ERIC 13. SIMET ADDRESS 14. CITY-ST-2P MKRISTOROUGH MA 14. CITY-ST-2P MKRISTOROUGH MA 15. CITY-ST-2P MKRISTOROUGH MA 16. CITY-ST-2P MKRISTOROUGH MA 17.				[82 Street Address (P.O. Box Number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floride 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, and accept the originations of Section 607 0505. Floride Statutes. SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred agent and set (agent also of the Statutes). SIGNATURE Signame hand or proceed ware of repostred and set of the statutes of the Statutes. SIGNATURE Signame hand or proceed ware of the Statutes of the Statute	TALLHASSEE FL 32301				02						4
11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statutes. The above named corporation submits this statement for the purces 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 horsely accept the appointment as registered opens. I am familiar with, and accept the obligations of Socion 607 0505. Florida Statutes. SIGNATURE SIGNA					83						
BIGNATURE SIGNATURE		_		ĺ	84	City		FL	85 Zip	Code	
SIGNATURE T12. OFFICERS AND DIRECTORS T3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PSD WESTBOROUGH MA INCITY-51-2P NAME RYAN, WILLIAM D SIREET ADDRESS CITY-51-2P TITLE D REWSTER, ALAN C SIREET ADDRESS CITY-51-2P TITLE D REWSTER, ALAN C SIREET ADDRESS CITY-51-2P TITLE D REWSTER, ALAN C SIREET ADDRESS CITY-51-2P TITLE D D DELETE 31 TITLE 31 TITLE D DELETE 31 TITLE	11. Pursuant to office or re	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	and 607.1508, Florida Statute f Florida, Such change was au	s the at	oove- d by	named corp the corporati	oration submits this statement for the pon's board of directors. I hereby accep	urpose of of the appo	changing i	its registered s registered	1
TITLE PSD DELETE 11 INTE DOWNEST PARK DRIVE 13 STREET ADDRESS OTTY-ST-ZPP STREET ADDRESS DOWNEST PARK DRIVE 22 STREET ADDRESS OTTY-ST-ZPP STREET ADDRESS DOWNEST PARK DRIVE 23 STREET ADDRESS DOWNEST PARK DRIVE 33 STREET ADDRESS DOWNEST PARK DRIVE 44 GITY-ST-ZPP STREET ADDRESS DROUGH MA 34 CITY-ST-ZPP STREET ADDRESS DROUGH MA 35 STREET ADDRESS DROUGH MA 36 CITY-ST-ZPP STREET ADDRESS DROUGH MA 36 CITY-ST-ZPP STREET ADDRESS DROUGH MA 37 STREET ADDRESS DROUGH MA 37 STREET ADDRESS DROUGH MA 38 STREET ADDRESS DROUGH MA 39 STREET ADDRESS DROUGH MA 39 STREET ADDRESS DROUGH MA 30 STREET ADDRESS DROUGH MA 40 STREET ADDRES	SIGNATURE										
TITLE NAME STREET ADDRESS 1900 WEST PARK DRIVE 13 STREET ADDRESS 14 CHTV-ST-ZP WESTBOROUGH MA 14 CHTV-ST-ZP 27 STREET ADDRESS 1900 WEST PARK DRIVE 22 STREET ADDRESS 15 CHTV-ST-ZP WESTBOROUGH MA 2 CHTV-ST-ZP WESTBOROUGH MA 3 STREET ADDRESS CHTV-ST-ZP WESTBOROUGH MA 3 STREET ADDRESS WESTBOROUGH MA 3 STREET ADDRESS WESTBOROUGH MA 4 CHTV-ST-ZP WESTBOROUGH MA 5 STREET ADDRESS WESTBOROUGH					i Agen	n signature require			DIDECTO	DC IN 10	15
NAME SIRSET ADDRESS OITY-ST-ZPP WESTBOROUGH MA TITLE NAME PAYAN, WILLIAM D STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA TITLE D STREET ADDRESS CITY-ST-ZIP TITLE D Change Addition A					11.5		ADDITIONS/CHANGES TO OFFIC				90/0
STREET ADDRESS OITY-ST-ZP WESTBOROUGH MA INCIDITE OITHE OIT						}		'	onlingo	L ROUNON	
OITY-ST-ZP WESTBOROUGH MA		•				ADDRESS					F034
TITLE D DELETE 2.1 TITLE CAGNICON MAKE RYAN, WILLIAM D 22 MAKE 22 STREET ADDRESS CITY-51-ZIP WESTBOROUGH MA 2 TO THE 3.1 TITLE CAGNICON MAKE BREWSTER, ALAN C 3.2 MAKE 3.2 MAK	-										R F
RYAN, WILLIAM D STREET ADDRESS 1900 WEST PARK DRIVE CITY-ST-ZIP TITLE D DELETE ALAN C STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA BREWSTER, ALAN C STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 34 CITY-ST-ZIP TITLE D DELETE 41 TITLE D DELETE 41 TITLE D Change Addition MAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 4. CITY-ST-ZIP TITLE D DELETE 51 TITLE P Change Addition ACOMY-ST-ZIP TITLE P DELETE 51 TITLE P Change Addition ACOMY-ST-ZIP TITLE P DELETE 51 TITLE P Change Addition Addition ACOMY-ST-ZIP TITLE P DELETE 51 TITLE P Change Addition Addition Change Addition Addition Addition Addition Addition Addition Addition ACOMY-ST-ZIP TITLE P DELETE 51 TITLE D DELETE 52 NAME STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 53 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 64 TITLE D Change Addition Ad			DELETE			-ZIP			Change	noilibh	18
STREET ADDRESS CITY-S1-ZIP WESTBOROUGH MA 2 A CITY-S1-ZIP TITLE D WESTBOROUGH MA 2 A CITY-S1-ZIP TITLE D WESTBOROUGH MA 3 TITLE D WESTBOROUGH MA 3 TITLE 3 TITLE 3 TITLE D WESTBOROUGH MA 3 STREET ADDRESS CITY-S1-ZIP WESTBOROUGH MA 4 CITY-S1-ZIP TITLE D MAKE JACOBS, CHARLES M STREET ADDRESS CITY-S1-ZIP WESTBOROUGH MA 4 CITY-S1-ZIP WESTBOROUGH MA 4 CITY-S1-ZIP TITLE D DELETE 5 TITLE D MAKE STREET ADDRESS CITY-S1-ZIP TITLE D DELETE 5 TITLE D DELETE 5 TITLE D MAKE STREET ADDRESS D WESTBOROUGH MA 5 A CITY-S1-ZIP TITLE D D DELETE 5 TITLE D MAKE STREET ADDRESS TOWN-S1-ZIP TITLE D D DELETE 5 TITLE D D DELETE 5 TITLE D TITLE D D DELETE 5 TITLE D TOTANGE D THORSON THE ADDRESS TOTAGE TOTAGE TOTAGE TOTAGE TOTAGE TOTAGE TOTAGE TOTAGE TOTA		•						'			
CITY-S1-ZIP WESTBOROUGH MA 2 4 CITY-S1-ZIP TITLE D D D D D D D D D D D D D				7		MODBESS					ł
TITLE DREWSTER, ALAN C STREET ADDRESS 1900 WEST PARK DRIVE 32 NAME 33 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 14 CITY-ST-ZIP TITLE D DELETE 4.1 TITLE D DELETE 4.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE D DELETE 5.1 TITLE D DELETE 5.2 NAME 5.2 NAME 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 6.1 TITLE D DELETE 6.1 TITLE D Peter Nessen 1900 West Park Drive 6.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 6.1 TITLE D Peter Nessen 1900 West Park Drive 6.3 STREET ADDRESS CITY-ST-ZIP 14. Job percely clearly be the internation indicated on this minusing paper of surprising goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the Information indicated on this minusing paper of surprising goes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the Information indicated on this minusing paper of the presence of empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if Change or on An attactment with an address.											
STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 34. CITY-ST-ZIP TITLE D DELETE 4.1 TITLE D ACOBS, CHARLES M 4.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 4.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE DOMINIK, DAVID 5.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 5.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 5.4 CITY-ST-ZIP TITLE D DELETE 6.1 TITLE D Change Addition NAME Peter Nessen STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 6.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 5.4 CITY-ST-ZIP TITLE D Change Addition NAME Peter Nessen 6.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 6.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 6.4 CITY-ST-ZIP 14. I do hereby Cettly that the interaction supported with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the I am an officer or director of the collopations that prevent a property 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 collopations that the delive of trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 it Change or on an attactment with an address.			DELETE					······································	Change	Addition	1
STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 34. CITY-ST-ZIP TITLE D DELETE 4.1 TITLE D ACOBS, CHARLES M 4.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 4.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 4.4 CITY-ST-ZIP TITLE D DELETE 5.1 TITLE DOMINIK, DAVID 5.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 5.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 5.4 CITY-ST-ZIP TITLE D DELETE 6.1 TITLE D Change Addition NAME Peter Nessen STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 6.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 5.4 CITY-ST-ZIP TITLE D Change Addition NAME Peter Nessen 6.2 NAME STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 6.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 6.4 CITY-ST-ZIP 14. I do hereby Cettly that the interaction supported with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the I am an officer or director of the collopations that prevent a property 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 collopations that the delive of trustice empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 it Change or on an attactment with an address.		•	- •	3.2 NA	ME	ĺ			_ *		
CITY-ST-ZIP WESTBOROUGH MA S4. CITY-ST-ZIP TITLE D Addition NAME JACOBS, CHARLES M 1900 WEST PARK DRIVE WESTBOROUGH MA 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 5.1 IILE DOMINIK, DAVID 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA 5.4 CITY-ST-ZIP TITLE D Addition DELETE 6.1 TITLE D Addition DELETE 6.3 STREET ADDRESS CITY-ST-ZIP TITLE D Addition DELETE 6.4 CITY-ST-ZIP TITLE D Addition DELETE 6.5 STREET ADDRESS CITY-ST-ZIP TITLE D Addition DELETE 6.4 CITY-ST-ZIP 1.4 I do hereby Cettify that the Information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this fining payon or on the state of the college of the cetting of the state of the cetting of the cetting of the state of the cetting of the state of the cetting						ADDRESS					
TITLE D DELETE 4.1 TITLE	! !			7		ľ					ľ
STREET ADDRESS CITY-SI-ZIP WESTBOROUGH MA 44 CHY-SI-ZIP TITLE P DOMINIK, DAVID STREET ADDRESS OTY-SI-ZIP WESTBOROUGH MA 52 NAME STREET ADDRESS OTY-SI-ZIP WESTBOROUGH MA 54 CHY-SI-ZIP TITLE D DELETE 61 TITLE D Change Addition TITLE D Change Addition DELETE 61 TITLE CHANGE STREET ADDRESS CITY-SI-ZIP 14. I do hereby Certify that the interflation supposes with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this minual report of suppliermental 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 colorous more than a director of the colorous more on a state of the exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if Changey or on an attactment with an address.			DELETE						Change	Addition	1
STREET ADDRESS CITY-SI-ZIP WESTBOROUGH MA 44 CHY-SI-ZIP TITLE P DOMINIK, DAVID STREET ADDRESS OTY-SI-ZIP WESTBOROUGH MA 52 NAME STREET ADDRESS OTY-SI-ZIP WESTBOROUGH MA 54 CHY-SI-ZIP TITLE D DELETE 61 TITLE D Change Addition TITLE D Change Addition DELETE 61 TITLE CHANGE STREET ADDRESS CITY-SI-ZIP 14. I do hereby Certify that the interflation supposes with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this minual report of suppliermental 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 colorous more than a director of the colorous more on a state of the exemption as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if Changey or on an attactment with an address.	NAME	JACOBS, CHARLES M		4. 2 N	AME				_		1
CITY-SI-ZIP WESTBOROUGH MA 4.4 CITY-SI-ZIP TITLE P						ADDRESS					
TITLE DOMINIK, DAVID STREET ADDRESS CITY-ST-ZIP WESTBOROUGH MA STREET ADDRESS CITY-ST-ZIP DELETE 5.1 TITLE D Change Addition 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP DELETE 6.1 TITLE Peter Nessen 1900 West Park Drive 6.3 STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that the information indicated on this animal report or supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this animal report or supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this animal report or supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this animal 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 copyoratory the received of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changes or onlyin attachment with an address.	CITY-ST-ZIP			4.4 CF	IY-ST	-7IP					1
STREET ADDRESS CITY-S1-ZIP TITLE D Peter Nessen STREET ADDRESS CITY-S1-ZIP 1900 West Park Drive CITY-S1-ZIP 14. I do hereby Certify that the information indicated on this animal report of supplier management appears in Block 12 of Block 13 if change or only attachment with an address. 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 THLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.5 STREET ADDRESS 6.5 STREET			DELETE						Change	Addition	1
STREET ADDRESS CITY-S1-ZIP TITLE D Peter Nessen STREET ADDRESS CITY-S1-ZIP 1900 West Park Drive CITY-S1-ZIP 14. I do hereby Certify that the information indicated on this animal report of supplier management appears in Block 12 of Block 13 if change or only attachment with an address. 5.3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 THLE 6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.4 CITY-S1-ZIP 6.5 STREET ADDRESS 6.5 STREET	NAME	DOMINIK, DAVID		5.2 N/	ME						
TITLE D NAME Peter Nessen 1900 West Park Drive 63 SIREET ADDRESS CITY-ST-ZIP 14. I do hereby Certify that the information indicated on this annual report of the component and indicated on this annual report of the description of the description of the component of the description of the description of the component of the description	STREET ADDRESS	1900 WEST PARK DRIVE		5.3 \$1	REET A	ADDRESS					1
TITLE D NAME Peter Nessen 1900 West Park Drive 63 SIREET ADDRESS CITY-ST-ZIP 14. I do hereby Certify that the information indicated on this annual report of the component and another or director of the component of the second	CITY-ST-ZIP	WESTBOROUGH MA		5.4 CITY		- ZIP					
Peter Nessen 1900 West Park Drive 63 STREET ADDRESS CITY-ST-ZIP 14. I do hereby Certify that the inflormation 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 copyor flory or the receiver of 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 only a attachment with an address.			DELETE						Change	Addition	1
STREET ADDRESS CITY-ST-2IP 14. I do hereby certify that the information indicated on this annual report or surplier man 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 collocation of the recognition of the recognit	NAME	=		6.2 NA							
64 CITY-ST-2P 14. I do hereby certify that he information supplies with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this affiniance of the same legal effect as if made under each, that I am an officer or director of the copyoratory the receiver of 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 changes or only attachment with an address.	STREET ADDRESS			6.3 STREET		ADDRESS					
14. I do hereby certify that the information supplied with this filling does for 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 suppliemental annual eport 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 conjugations the trocking of 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 things of on fin attachment with an address.	CITY-ST-ZIP		/ 3	6.4 CI	TY-ST	- ZiP					1
appears in Block 12 or Block 13 if Chringo or on fin attachment with an address.	14. I do hereb	by Certify that the information supplied	with this filing does not qualify	for the	exen	nption stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify that	i the	1
	I am an office or direction of the college of the c										
SIGNATURE: 10/97 508 366-6365											