


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

FILED

Apr 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F94000003896 (7)</b> 1. Corporation Name <b>ARIZONA FUNDING CORPORATION</b>					
Principal Place of Business <b>% JH MANAGEMENT CORPORATION 1 INTERNATIONAL PLACE, #808 BOSTON MA 02110</b>			Mailing Address <b>% JH MANAGEMENT CORPORATION 1 INTERNATIONAL PLACE, #808 BOSTON MA 02110-2800</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>07/26/1994</b> 3a. Date of Last Report <b>04/23/1996</b> 4. FEI Number <b>04-3236016</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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 <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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	PD	<input type="checkbox"/> DELETE			
NAME	SMITH, NANCY D				
STREET ADDRESS	1 INTERNATIONAL PL., #808				
CITY- ST- ZIP	BOSTON MA 02110				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	PERCIVAL, TIFFANY				
STREET ADDRESS	1 INTERNATIONAL PL., #808				
CITY- ST- ZIP	BOSTON MA 02110				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	DONALDSON, DOUGLAS R				
STREET ADDRESS	1 INTERNATIONAL PL., #808				
CITY- ST- ZIP	BOSTON MA 02110				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	COLBY, LOUISE E				
STREET ADDRESS	1 INTERNATIONAL PL., #808				
CITY- ST- ZIP	BOSTON MA 02110				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	FITZGERALD, LAURIE A				
STREET ADDRESS	1 INTERNATIONAL PL., #808				
CITY- ST- ZIP	BOSTON MA 02110				
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					
14. I do 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: _____ <b>Tiffany Percival, Vice President</b> <b>7/31/97</b> <b>617-951-7633</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 6060128					

CR2E034 (9/96)