

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

FILED
Apr 08 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 # **F94000004027 (8)**

1. Corporation Name
METRACOM CORPORATION

Principal Place of Business

**239 CAUSEWAY ST.
BOSTON MA 02114**

Mailing Address

**239 CAUSEWAY ST.
BOSTON MA 02114**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1994	
21 210 South STREET	26 210 South ST.	4. FEI Number 04-3180083		Applied For <input type="checkbox"/> Not Applicable	
22 9th Floor	27 9th Floor	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Boston, Mass. 02111	28 Boston, MA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 U.S.	25 U.S.	29 02111		30 U.S.	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

**NRAI SERVICES, INC.
528 EAST PARK AVENUE
TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD PAPPAS, GEORGE	1.2 NAME	
STREET ADDRESS	239 CAUSEWAY ST.	1.3 STREET ADDRESS	210 South ST 9th FL
CITY-ST-ZIP	BOSTON MA 02114	1.4 CITY-ST-ZIP	BOSTON, MA. 02111
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD BOGATY, JOHN	2.2 NAME	
STREET ADDRESS	239 CAUSEWAY ST.	2.3 STREET ADDRESS	210 South ST 9th FL.
CITY-ST-ZIP	BOSTON MA 02114	2.4 CITY-ST-ZIP	BOSTON, MASS. 02111
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD ESTES, KEVIN	3.2 NAME	
STREET ADDRESS	239 CAUSEWAY ST.	3.3 STREET ADDRESS	210 South ST. 9th FL.
CITY-ST-ZIP	BOSTON MA 02114	3.4 CITY-ST-ZIP	BOSTON, MASS 02111
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 given in attachment with an address.

SIGNATURE:

[Signature]

3/30/98

6/7 912 1883

CR2E034 (10/97)