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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005247 (1)

1. Corporation Name

SOUTHERN TIER PARTNERS INCORPORATED

Principal Place of Business

470 TOTTEN POND ROAD  
WALTHAM MA 02154

Mailing Address

470 TOTTEN POND ROAD  
WALTHAM MA 02154-1805

3. Date Incorporated or Qualified

10/10/1994

3a. Date of Last Report

07/09/1996

2. Principal Place of Business

2a. Mailing Address

21 2150 Washington St.

26 c/o Northland

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 2150 Washington Street

City & State

City & State

23 Newton, MA

28 Newton, MA

Zip

Country

Zip

Country

24 02162

25 USA

29 02162

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
SUITE 105  
1201 HAYS STREET  
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 PD  
NAME GOTTESDIENER, LARRY R  
STREET ADDRESS 10 ESSEX ROAD  
CITY-ST-ZIP WELLESLEY MA 02181

TITLE STD  
NAME GATOF, ROBERT S  
STREET ADDRESS 8 ROCKWOOD STREET  
CITY-ST-ZIP SHERBORN MA 01770

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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: SOUTHERN TIER PARTNERS INCORPORATED

ROBERT S. GATOF

4-22-97

Date

Daytime Phone # 0000986

CR2E034 (9/96)