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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: .



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED May 06 1997 8:00am Secretary of State

Nort	nland Tr	nestme	nt Corporation	ON	nt t				
Principal Plac 470 TOCTEN P WALTHAM MA			Mailing Address 470 TOTHEN POND RD. WALTHAM NA 02154-19			· IIIIII Miki menone emereni en	(IT VEOL VEIL	TOTAL STATE OF THE	TUTIT TEDA
			\		-	3. Date Incorporated or Qualified 11/30/1994		ate of Last R 09/1996	Report
	Place of Business Washingt	on Stree	2a. Mailing Address	+ bland		4. FEI Number			oplied For
21 2150 Suite, Apt		011 31100	Suite. Apt. #, etc.	LIIIaiiu		22-3137052	7		ot Applicable Additional
22			27 2150 Wa	shington St		5. Certificate of Status Desired	<i>P</i>		equired
City & Stal	le		City & State	-		6. Election Campaign Financing			May Be
23 Newt	on, MA Col	untry	28 Newton,	Country		Trust Fund Contribution 8. This corporation has liability for	r intensible	***************************************	to Fees
24 0216	_	S A	29 02162	30 USA			Yes 1		s. 188.032,
			t Registered Agent			Name and Address of New R	legistered	Agent	
	PRENTICE-HALL	CORPORATION	SYSTEM, INC.	81 Name					
	1 HAYS ST.			82 Street	Address	(P.O. Box Number is Not Accepta	able)		
	TE 105 LAHASSEE FL 323	Ω٩		63					
IND	DAINOOLL 1 L OLG	V 1		84 City				85 Zip	Code
								100	0000
							<u> </u>	-	
11. Pursuant office or agent. La				atules, the above-named as authorized by the cor Florida Statutes		tion submits this statement for the s board of directors. I hereby acce		of changing lipointment as	ts registered registered
SIGNATURE	to the provisions of registered agent, or am familiar with, and Signature, typed or printed	name of registored Ager	nt and title if applicable. (f	atutes, the above-named as authorized by the cor Florida Statutes		rhan reinstating)	DATE	·············	
	Signature, typed or printed		nt and title if applicable. (f	atules, the above-named as authorized by the cor Florida Statutes			DATE	·············	
SIGNATURE		name of registored ager OFFICERS AND	nt and fille if applicable. (N	atutes, the above-named as authorized by the cor Florida Statutes NOTE Registered Agent signature		rhan reinstating)	DATE	O DIRECTOR	RS IN 12
SIGNATURE 12. TILLE	Signature, typed or printed PD GOTTESDIENER 10 ESSEX RD.	name of registered ager OFFICERS AND	nt and fille if applicable. (N	atutes, the above-named as authorized by the cor, Florida Statutes NOTE Registered Agent signature 13. 1.1 TIFLE		rhan reinstating)	DATE	O DIRECTOR	RS IN 12
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SIGNATURE 12. THEE NAME SIBEET ADDRESS C-TY-ST-ZIP THEE	Signature, typed or printed PD GOTTESDIENER 10 ESSEX RD. WELLESLEY MA SD	name of registered ager OFFICERS AND LARRY R 02181	nt and fille if applicable. (N	atutes, the above-named as authorized by the corr. Florida Statutes NOTE: Registered Agent signature 18. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE		rhan reinstating)	DATE	O DIRECTOR	RS IN 12
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