

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

FILED

**Apr 25 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 # F95000001512 (1)

1. Corporation Name
PROPAGE ACQUISITION CORPORATION



Principal Place of Business C/O ARCH COMMUNICATIONS GROUP, INC. 1800 W. PARK #250 WESTBOROUGH MA 01581	Mailing Address C/O ARCH COMMUNICATIONS GROUP, INC. 1800 W. PARK #250 WESTBOROUGH MA 01581-3827
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3. Date Incorporated or Qualified 03/29/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 04-3272002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BAKER, C E JR	
STREET ADDRESS	1800 W. PARK DR., #250	
CITY - ST - ZIP	WESTBOROUGH MA 01581	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SAYNOR, JOHN B	
STREET ADDRESS	1800 W. PARK DR., #250	
CITY - ST - ZIP	WESTBOROUGH MA 01581	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILSON, WILLIAM A	
STREET ADDRESS	1800 W. PARK DR., #250	
CITY - ST - ZIP	WESTBOROUGH MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WATZKE, GARRY B	
STREET ADDRESS	745 ATLANTIC AVE.	
CITY - ST - ZIP	BOSTON MA 02111	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GERALF J. CIMMINO	
STREET ADDRESS	1800 WEST PARK DRIVE #250	
CITY - ST - ZIP	WESTBOROUGH MA	
TITLE	C	<input type="checkbox"/> DELETE
NAME	FRANK J. HILLERY	
STREET ADDRESS	1800 WEST PARK DRIVE #250	
CITY - ST - ZIP	WESTBOROUGH MA	

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: _____ DATE: **4/15/97** (508) 870-6700

CR2E034 (9/96)