

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

**FILED**

**Apr 25 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000001512 (1)**

1. Corporation Name  
**PROPAGE ACQUISITION CORPORATION**



Principal Place of Business <b>C/O ARCH COMMUNICATIONS GROUP, INC. 1800 W. PARK #250 WESTBOROUGH MA 01581</b>	Mailing Address <b>C/O ARCH COMMUNICATIONS GROUP, INC. 1800 W. PARK #250 WESTBOROUGH MA 01581-3827</b>
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3. Date Incorporated or Qualified <b>03/29/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>04-3272002</b>	Applied For <input type="checkbox"/> Not Applicable
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	

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	Country
24	25
29	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
	<b>FL</b>

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 re-registering) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

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

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** DAYTIME PHONE #: **(508) 870-6700**

CR2E034 (9/96)