

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

FILED
May 06 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 # F95000001931 (3)

1. Corporation Name

TRAVCORPS CORPORATION

Principal Place of Business

40 EASTERN AVE.
MALDEN MA 02148-9104

Mailing Address

40 EASTERN AVE.
MALDEN MA 02148-9104



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		04/20/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		04-3266682	
24 Country		29 Country		Applied For	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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	1.1 TITLE	
NAME	CERULLO, BRUCE A	1.2 NAME	
STREET ADDRESS	40 EASTERN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALDEN MA 02148-9104	1.4 CITY-ST-ZIP	
TITLE	CFO	2.1 TITLE	
NAME	MOUNT, KARLA	2.2 NAME	
STREET ADDRESS	40 EASTERN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MALDEN MA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	BALLIS, SUSAN	3.2 NAME	
STREET ADDRESS	400 CENTRE ST 2ND FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BLACK, CHESTER	4.2 NAME	
STREET ADDRESS	10 LINN LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYLAND MA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	GABRIELI, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	83 WALNUT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY HILLS MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HELMAN, WILLIAM	6.2 NAME	
STREET ADDRESS	ONE FEDERAL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	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 on an attachment with an address.

SIGNATURE:

B.A. Cerullo (B.A. Cerullo) 4/27/98 8W-343-3270

CR2E034 (10/97)