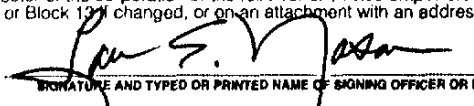


FILE NOW: FILING FEE IS \$61.25

FILED
May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name AENEAS VENTURE CORPORATION		F95000002625	
Principal Place of Business 600 Atlantic Avenue Boston, MA 02210		Mailing Address 600 Atlantic Avenue Boston, MA 02210	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Date Incorporated or Qualified 05/31/95		3a. Date of Last Report	
4. FEI Number 23-7014581		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road 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 617.0502 and 617.1508, 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 617.0503, 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 PD <input type="checkbox"/> DELETE		1.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Eisenson, Michael R.		1.2 NAME Rosen, Mark A.	
STREET ADDRESS 600 Atlantic Avenue		1.3 STREET ADDRESS 600 Atlantic Avenue	
CITY-ST-ZIP Boston, MA 02210		1.4 CITY-ST-ZIP Boston, MA 02210	
TITLE V <input checked="" type="checkbox"/> DELETE		2.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Thonis, Michael		2.2 NAME Sallay, John M.	
STREET ADDRESS 600 Atlantic Avenue		2.3 STREET ADDRESS 600 Atlantic Avenue	
CITY-ST-ZIP Boston, MA 02210		2.4 CITY-ST-ZIP Boston, MA 02210	
TITLE S <input type="checkbox"/> DELETE		3.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME Nason, Tami E.		3.2 NAME Palmer, Tim R.	
STREET ADDRESS 600 Atlantic Avenue		3.3 STREET ADDRESS 600 Atlantic Avenue	
CITY-ST-ZIP Boston, MA 02210		3.4 CITY-ST-ZIP Boston, MA 02210	
TITLE TD <input checked="" type="checkbox"/> DELETE		4.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Sedlacek, Verne O.		4.2 NAME Sedlacek, Verne O.	
STREET ADDRESS 600 Atlantic Avenue		4.3 STREET ADDRESS 600 Atlantic Avenue	
CITY-ST-ZIP Boston, MA 02210		4.4 CITY-ST-ZIP Boston, MA 02210	
TITLE D <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Meyer, Jack R.		5.2 NAME	
STREET ADDRESS 600 Atlantic Avenue		5.3 STREET ADDRESS	
CITY-ST-ZIP Boston, MA 02210		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.			
SIGNATURE: 		Tami E. Nason, Secretary 4/30/97 617-720-4837	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2037 (9/96)

RW
5-8-97

200002182942
-05/19/97--01060--026
***61.25