

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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---------------------------------------	---	--

DOCUMENT # F95000002653 (2)
1. Corporation Name
TCMB&T, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 555 TURNPIKE STREET CANTON MA 02021		Mailing Address 555 TURNPIKE STREET CANTON MA 02021	
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
9. Name and Address of Current Registered Agent C T 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
		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	SVP	1.1 TITLE	VP/D
NAME	WEINSTEIN, ALAN	1.2 NAME	
STREET ADDRESS	555 TURNPIKE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON MA 02021	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	ROSENBERG, PHILIP	2.2 NAME	
STREET ADDRESS	555 TURNPIKE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CANTON MA 02021	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	Secretary/Director
NAME	BEAUDOUIN, MARK	3.2 NAME	Mark T. Beaudouin
STREET ADDRESS	555 TURNPIKE STREET	3.3 STREET ADDRESS	555 Turnpike St.
CITY-ST-ZIP	CANTON MA 02021	3.4 CITY-ST-ZIP	Canton MA 02021
TITLE	P	4.1 TITLE	
NAME	KELLEY, LARRY	4.2 NAME	
STREET ADDRESS	65 SPRAGUE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HYDE PARK MA 02021	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	President
NAME		5.2 NAME	Stuart M. Glasser
STREET ADDRESS		5.3 STREET ADDRESS	555 Turnpike St.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Canton MA 02021
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ DATE: 1/13/98

CR2E034 (10/97)