

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90177 025 ***150.00

DOCUMENT # F95000003681

1. Corporation Name
CONECO CORPORATION



Principal Place of Business
SUITE 601
280 SUMMER STREET
BOSTON MA 02210

Mailing Address
SUITE 601
280 SUMMER STREET
BOSTON MA 02210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/31/1995	
4. FEI Number 04-3109987	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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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 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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDGE, JOHN P	1.2 NAME	
STREET ADDRESS	34 SNYDER RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MEDFIELD MA 02052	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANGULES, PHILIPPE A	2.2 NAME	
STREET ADDRESS	37 COLBOURNE CRESCENT	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLINE MA 02146	2.4 CITY-ST-ZIP	
TITLE	M <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAY, THOMAS J	3.2 NAME	
STREET ADDRESS	107 MARGERY LANE	3.3 STREET ADDRESS	22 Longmeadow Drive
CITY-ST-ZIP	WESTWOOD MA	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, STEVE	4.2 NAME	
STREET ADDRESS	53 FAIRVIEW ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROSLINDALE MA 02131	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HORAN, DOUG	5.2 NAME	
STREET ADDRESS	171 ASHBURY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAMILTON MA 02192	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREITER, BERNIE M	6.2 NAME	
STREET ADDRESS	25 S POINT DRIVE SUITE 404	6.3 STREET ADDRESS	28 Commonwealth Road
CITY-ST-ZIP	DORCHESTER MA 02125	6.4 CITY-ST-ZIP	Watertown MA 02122

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, with all other like empowered.

SIGNATURE:

Bernie M Breiter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-99

Date

617-737-6010

Daytime Phone #

CR2E034 (11/98)

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