

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

**FILED**  
**Mar 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000004377 (6)**  
 1. Corporation Name  
**J. L. HAMMETT COMPANY**



Principal Place of Business <b>PO BOX 859057 BRAINTREE MA 02185-9057</b>	Mailing Address <b>PO BOX 859057 BRAINTREE MA 02185-9057</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/11/1995</b>	
21	22	26	27	4. FEI Number <b>04-1413460</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: type the printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>C</b>	<input type="checkbox"/>
NAME	<b>HOLDEN, RICHMOND Y SR</b>	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	
CITY-ST-ZIP	<b>BRAINTREE MA 02184</b>	
TITLE	<b>PST</b>	<input type="checkbox"/>
NAME	<b>HOLDEN, RICHMOND Y JR</b>	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	
CITY-ST-ZIP	<b>BRAINTREE MA 02184</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>HOLDEN, JEFFREY S</b>	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	
CITY-ST-ZIP	<b>BRAINTREE MA 02184</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>GRANT, EUGENE R</b>	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	
CITY-ST-ZIP	<b>BRAINTREE MA 02184</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>OLSON, CARL E</b>	
STREET ADDRESS	<b>ONE HAMMETT PLACE</b>	
CITY-ST-ZIP	<b>BRAINTREE MA 02184</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<b>Alvin Dubin</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>V.P.-Finance, CFO</b>		
4.3 STREET ADDRESS	<b>Assistant Treasurer</b>		
4.4 CITY-ST-ZIP	<b>Hammett Place</b>		
	<b>Braintree, MA 02184</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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 \_\_\_\_\_  
**Alvin Dubin (781) 848-1000**

CF2E034 (10/97)

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