

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90185 020 ***150.00

DOCUMENT # F95000004588

1. Corporation Name ELSON T. KILLAM ASSOCIATES, INC.



Principal Place of Business: 27 BLEEKER ST. MILLBURN NJ 07041-1008
Mailing Address: 81 WYMAN STREET WALTHAM MA 02254

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		22-1613021	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing	
24	25	29	30	<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	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	D	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	APPLETON, JOHN P.			1.2 NAME			
STREET ADDRESS	81 WYMAN ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WALTHAM MA 02254			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PAINTER, JONATHAN W			2.2 NAME	Kenneth Apicerno		
STREET ADDRESS	81 WYMAN ST.			2.3 STREET ADDRESS	81 Wyman Street		
CITY-ST-ZIP	WALTHAM MA 02254			2.4 CITY-ST-ZIP	Waltham, MA 02454		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAMBERT, SANDRA L			3.2 NAME			
STREET ADDRESS	81 WYMAN ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WALTHAM MA 02254			3.4 CITY-ST-ZIP			
TITLE	A/S	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	AGHABABIAN, ROBERT V			4.2 NAME			
STREET ADDRESS	81 WYMAN ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	WALTHAM MA 02254			4.4 CITY-ST-ZIP			
TITLE	A/S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOOGASIAN, SETH H			5.2 NAME			
STREET ADDRESS	81 WYMAN ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	WALTHAM MA 02254			5.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERKERT, EMIL C			6.2 NAME			
STREET ADDRESS	27 BLEEKER ST.			6.3 STREET ADDRESS			
CITY-ST-ZIP	MILLBURN NJ 07401			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, with all other like empowered.

SIGNATURE: Robert V. Aghababian Date: 4-22-99 Daytime Phone #: 781.6221132

CR2E034 (11/98)