

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005644 (8)**

1. Corporation Name

CORCORAN MANAGEMENT COMPANY, INC.



Principal Place of Business 100 GRANDVIEW RD #207 BRAINTREE MA 02184	Mailing Address 100 GRANDVIEW RD #207 BRAINTREE MA 02184
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1995	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 04-2661810		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	
				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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, JOHN M	1.2 NAME	CORCORAN, P. LEO
STREET ADDRESS	90 CHURCH HILLS LN	1.3 STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	MILTON MA 02186	1.4 CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, P. LEO	2.2 NAME	PICKETTE, T. ROBERT
STREET ADDRESS	790 BOYLSTON ST	2.3 STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	BOSTON MA 02199	2.4 CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKETT, T. ROBERT	3.2 NAME	CORCORAN, JR., JOHN M.
STREET ADDRESS	10 EMERSON PL #17	3.3 STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	BOSTON MA 02199	3.4 CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MURPHY, LAWRENCE J	4.2 NAME	CORCORAN, THOMAS M.
STREET ADDRESS	21 HERITAGE RD	4.3 STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP	QUINCY MA 02199	4.4 CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	CORCORAN, LEO J.
STREET ADDRESS		5.3 STREET ADDRESS	100 GRANDVIEW ROAD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CORCORAN, JOHN F.
STREET ADDRESS		6.3 STREET ADDRESS	100 GRANDVIEW ROAD,
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BRAINTREE, MA 02184

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.

CR2E034 (10/97)