

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

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90071 015 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # F95000005778

1. Corporation Name
ELCOM SERVICES GROUP, INC.



Principal Place of Business
 10 OCEANA WAY
 NORWOOD MA 02062

Mailing Address
 10 OCEANA WAY
 NORWOOD MA 02062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/28/1995

4. FEI Number
04-3292174

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip
 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 **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTS <input type="checkbox"/> DELETE	1.1 TITLE	T/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULHERN, LAURENCE F	1.2 NAME	
STREET ADDRESS	10 OCEANA WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	1.4 CITY-ST-ZIP	NORWOOD, MA 02062
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	P/C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROWELL, ROBERT J	2.2 NAME	
STREET ADDRESS	10 OCEANA WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	2.4 CITY-ST-ZIP	NORWOOD, MA 02062
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALNEN, JOHN E JR.	3.2 NAME	
STREET ADDRESS	10 OCEANA WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORWOOD MA	3.4 CITY-ST-ZIP	NORWOOD, MA 02062
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGIONCALDA, ANDREW A	4.2 NAME	GAUVIN, ALFRED J
STREET ADDRESS	10 OCEANA WAY	4.3 STREET ADDRESS	10 OCEANA WAY
CITY-ST-ZIP	NORWOOD MA 02062	4.4 CITY-ST-ZIP	NORWOOD, MA 02062
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	MCEACHERN, MICHAEL J
STREET ADDRESS		5.3 STREET ADDRESS	10 OCEANA WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	NORWOOD, MA 02062
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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: LAURENCE F. MULHERN **3/31/99** (781) 762-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2EN34 (11/99)