


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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90089 036 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000006271

1. Corporation Name
NATIONAL NORTHEAST CORPORATION

Principal Place of Business 260 NORTH ELM ST. WESTFIELD MA 01085	Mailing Address 260 NORTH ELM ST. WESTFIELD MA 01085
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 33 Bridge Street Suite, Apt. #, etc. 22 City & State 23 Pelham, NH Zip 24 03076 Country 25 USA	2a. Mailing Address 26 260 North Elm Street Suite, Apt. #, etc. 27 City & State 28 Westfield, MA Zip 29 01085 Country 30 USA	3. Date Incorporated or Qualified 12/26/1995	4. FEI Number 04-3293662 Applied For 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

TITLE	CD	<input type="checkbox"/> DELETE
NAME	REED, JOHN E	
STREET ADDRESS	260 NORTH ELM ST.	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	DSV	<input type="checkbox"/> DELETE
NAME	DEWEY, R. BRUCE	
STREET ADDRESS	260 NORTH ELM ST.	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FRERICHS, WAYNE	
STREET ADDRESS	33 BRIDGE ST	
CITY-ST-ZIP	PELHAM NH 03076	
TITLE	TV	<input type="checkbox"/> DELETE
NAME	SHEA, STEPHEN M	
STREET ADDRESS	260 NORTH ELM ST.	
CITY-ST-ZIP	WESTFIELD MA 01085	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REED, STEWART B.	
STREET ADDRESS	260 N ELM STREET	
CITY-ST-ZIP	WESTFIELD MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEENER, DAVID	
STREET ADDRESS	225 FRANKLIN STREET	
CITY-ST-ZIP	BOSTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Winston R. Hindle, Jr.	
1.3 STREET ADDRESS	17 Musterfield Road	
1.4 CITY-ST-ZIP	Concord, MA 01742	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Stephen M. Shea Date: 1/5/98 Daytime Phone #: 413/568-95711990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)