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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F96000001156 (6)

1. Corporation Name  
TNE INFORMATION SERVICES, INC.

Principal Place of Business

501 BOYLSTON STREET  
BOSTON MA 02117

Mailing Address

501 BOYLSTON STREET  
BOSTON MA 02116-3706

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399

10. Name and Address of New Registered Agent

81 Name CT Corporation System  
82 Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
83  
84 City Plantation, FL 85 Zip Code 33324

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: EDWARD G. WISDALLA  
Signature, typed, printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE: 6/11/97

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	ROSS, GREGORY A	169 GUGGINS LANE	BOXBOROUGH MA	<input type="checkbox"/>
S	LIVINGSTON, MARY C	60 WHARF STREET	NAHANT MA	<input type="checkbox"/>
T	MOODY JR, LEWIS R	228 NAHANT ROAD	NAHANT MA	<input type="checkbox"/>
CD	SHAFTO, ROBERT A	526 GROVE STREET	NEEDHAM MA	<input type="checkbox"/>
D	SCHNEIDER, ROBERT E	52 WESTMINSTER ROAD	NEWTON CENTRE MA	<input type="checkbox"/>
D	WILSON, H J	25 CAROLINE PARK	NEWTON MA	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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: [Signature]

FILED

97 JUN 20 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



CP2E034 (9/96)