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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F96000002196 (1)

1. Corporation Name
UNION RIVER DEVELOPMENT CORPORATION



Principal Place of Business: PO BOX 956 OSTERVILLE MA 02655
Mailing Address: PO BOX 956 OSTERVILLE MA 02655-0956

3. Date Incorporated or Qualified: 05/01/1996
3a. Date of Last Report
4. FEI Number: 01-0429620
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSEL
L, P.A.
1549 RINGLING BLVD, SUITE 600
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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
TITLE: D, NAME: GITLIN, LINDA J, STREET ADDRESS: 8 LAKEVIEW RD, CITY-ST-ZIP: BOSTON MA 02130
TITLE: D, NAME: GITLIN, DAVID F, STREET ADDRESS: 110 MEETINGHOUSE PATH, CITY-ST-ZIP: ASHLAND MA 07121
TITLE: D, NAME: KAUFFMAN, DIANE B, STREET ADDRESS: 110 MEETINGHOUSE PATH, CITY-ST-ZIP: ASHLAND MA 07121
TITLE: PTD, NAME: FAGIN, ROBERT, STREET ADDRESS: 259 GOSNOLD ST, CITY-ST-ZIP: HYANNIS MA 02801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP, 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP, 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP, 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP, 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP

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: Robert Fagin, 3/10/97, 941-927-2370

CR2E034 (9/96)