

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

FILED

Mar 12 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 # F96000004592 (9)

1. Corporation Name

MASS. BAY BREWING COMPANY, INC.

Principal Place of Business

306 NORTHERN AVE  
BOSTON MA 02210

Mailing Address

306 NORTHERN AVE  
BOSTON MA 02210



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/06/1996	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number 04-2925204	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

LIGETI, GEORGE  
650 SOUTHWEST 17TH  
BOCA RATON FL 33486

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

\$150-

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

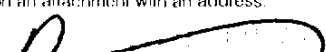
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, RICHARD A	1.2 NAME	
STREET ADDRESS	71 HANCOCK ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02114	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENARY, DANIEL C	2.2 NAME	
STREET ADDRESS	42 CHATHAM CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA 02181	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, MARK	3.2 NAME	
STREET ADDRESS	56 NORTH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, JIM	4.2 NAME	
STREET ADDRESS	2831 N. PINE GROVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60657	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODFREY, NICHOLAS A	5.2 NAME	
STREET ADDRESS	29 ALBION ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHARLESTOWN MA 02129	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIBBLE, WARREN G	6.2 NAME	
STREET ADDRESS	580 CAMBRIDGE ST #2	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALLSTON MA 02134	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)(j), 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:



1/16/98 617-574-9551 x-531

CR2E034 (10/97)