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Feb 04 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 # F96000005102 (6)

1. Corporation Name
BV FUNDING CORP.



Principal Place of Business
114 TURNPIKE ROAD, SUITE B
WESTBORO MA 01581

Mailing Address
114 TURNPIKE ROAD, SUITE B
WESTBORO MA 01581-2061

3. Date Incorporated or Qualified 10/03/1996	3a. Date of Last Report
4. FEI Number 04-3331593 APPLIED FOR	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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
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

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 <input type="checkbox"/> DELETE	1.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASS, PAUL S	1.2 NAME	Jacques, Kellie
STREET ADDRESS	555 CONCORD ROAD	1.3 STREET ADDRESS	38 Walker Street
CITY - ST - ZIP	SUDBURY MA 01776	1.4 CITY - ST - ZIP	Newton, MA 02460
TITLE	EV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLTON, JOHN P	2.2 NAME	
STREET ADDRESS	141 COLE AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PROVIDENCE RI 02906	2.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, CATHY E	3.2 NAME	
STREET ADDRESS	216 MAIN STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MEDWAY MA 02053	3.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACQUES, KELLIE D	4.2 NAME	
STREET ADDRESS	384 OCEAN AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	REVERE MA 02151	4.4 CITY - ST - ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LI, LILLIAN	5.2 NAME	
STREET ADDRESS	125 COLBORNE ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BRIGHTON MA 02135	5.4 CITY - ST - ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, RICHARD J	6.2 NAME	
STREET ADDRESS	40 PEARL ROAD	6.3 STREET ADDRESS	
CITY - ST - ZIP	NAHANT MA 01908	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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/97 508-366-7800

Date

Daytime Phone #

CR2E034 (9/96)