


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

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**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90066 036 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000006014**

1. Corporation Name  
**PROMPT ASSOCIATES, INC.**



Principal Place of Business <b>4 TRIAD CENTER SUITE 750 SALT LAKE CITY UT 84180 US</b>	Mailing Address <b>130 SECOND AVENUE WALTHAM MA 02154 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 130 Second Ave</b> Suite, Apt. #, etc. <b>22</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>ATTN: CORP TAX</b> City & State <b>27</b> City & State <b>28</b> Zip <b>29 02451</b> Country <b>30</b>
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3. Date Incorporated or Qualified <b>10/25/1996</b>	4. FEI Number <b>22-3102075</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>
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10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b> <b>FL</b>
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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	PTDC <input checked="" type="checkbox"/> DELETE
NAME	ROBERTO, JAMES T
STREET ADDRESS	4 TRIAD CENTER SUITE 750
CITY-ST-ZIP	SALT LAKE CITY UT 84180
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, ROBERT S
STREET ADDRESS	4 TRIAD CENTER, SUITE 750
CITY-ST-ZIP	SALT LAKE CITY UT 84180
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	BONKOSKE, JOHN C
STREET ADDRESS	11 NORTH GRANT STREET
CITY-ST-ZIP	HINSDALE IL 60521
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	FLAHERTY, RENEE
STREET ADDRESS	5340 SPECTRUM DRIVE, SUITE 11
CITY-ST-ZIP	FREDERICK MD 21703
TITLE	VS <input type="checkbox"/> DELETE
NAME	PARR, RICARDO A II
STREET ADDRESS	5080 SPECTRUM DRIVE, W TOWER, STE 400
CITY-ST-ZIP	DALLAS TX 75248
TITLE	VTP <input type="checkbox"/> DELETE
NAME	PESCE, JOSEPH F
STREET ADDRESS	312 UNION WHARF
CITY-ST-ZIP	BOSTON MA 02109

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DANIEL J. THOMA
1.3 STREET ADDRESS	312 UNION WHARF
1.4 CITY-ST-ZIP	BOSTON MA 02109
2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JAMES M. GREENWOOD
2.3 STREET ADDRESS	5080 SPECTRUM DR. SUITE 400 WEST
2.4 CITY-ST-ZIP	ADDISON TX 75001
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEPHEN READ
3.3 STREET ADDRESS	130 SECOND AVE
3.4 CITY-ST-ZIP	WALTHAM MA 02451
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	5080 SPECTRUM DR. SUITE 400 WEST
5.4 CITY-ST-ZIP	ADDISON TX 75001
6.1 TITLE	VT <input checked="" 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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP: CONTROLLER

Date

4.14.99

Daytime Phone #

781-290-5350

CR2E034 (1/198)