

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

11728

FILED

Jun 11 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 # F96000006277 (5)

1. Corporation Name

SAVILLE & HOLDSWORTH LTD. USA, INC.

Principal Place of Business

575 BOYLSTON STREET
BOYLSTON MA 02116

Mailing Address

575 BOYLSTON STREET
BOYLSTON MA 02116-3607



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/03/1996			
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		04-3027367		Not Applicable	
24 Country		29 Country		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 No	

9. Name and Address of Current Registered Agent

CALVERT, H G
7301 NORTHWEST 4TH ST, SUITE 102
PLANTATION FL 33317

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

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	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PRESIDENT / DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHARRON, ROBERT			1.2 NAME	PAUL M. CHOLAK		
STREET ADDRESS	575 BOYLSTON ST			1.3 STREET ADDRESS	575 BOYLSTON ST		
CITY-ST-ZIP	BOSTON MA 02116			1.4 CITY-ST-ZIP	BOSTON, MA 02116		
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEAN, MARY G			2.2 NAME			
STREET ADDRESS	575 BOYLSTON ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA 02116			2.4 CITY-ST-ZIP			
TITLE	TC	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLDSWORTH, ROGER			3.2 NAME			
STREET ADDRESS	3AC COURT, HIGH ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	THAMES DITTON, UK K7 05R			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NYFIELD, WILLIAM N			4.2 NAME			
STREET ADDRESS	3AC COURT, HIGH ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	THAMES DITTON, UK K7 05R			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JACKSON, WALTER PHD			5.2 NAME			
STREET ADDRESS	575 BOYLSTON STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA 02116			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

SIGNATURE REQUIRED MARY G DEAN 5/31/97 11728-155A

CR2E034 (9/96)