

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

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Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90001 049 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000006241

1. Corporation Name
TRIUMPH III ADVISORS, INC.



Principal Place of Business
 60 STATE ST. 21ST FLOOR
 BOSTON MA 02109

Mailing Address
 60 STATE ST. 21ST FLOOR
 BOSTON MA 02109

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/25/1997

2. Principal Place of Business
 21 **28 STATE ST.**

2a. Mailing Address
 26 **28 State St**

4. FEI Number
04-3382407

Suite, Apt. #, etc.
 22 **37th FL**

Suite, Apt. #, etc.
 27 **37th Floor**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
 23 **BOSTON, MA**

City & State
 28 **BOSTON MA**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
 24 **02109** 25 **USA**

Zip Country
 29 **02109** 30 **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCARTHY, FREDERICK W	1.2 NAME	
STREET ADDRESS	1519 N. OCEAN WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREVISANI, ROBERT M	2.2 NAME	
STREET ADDRESS	15 ABBOTT ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY MA 02481	2.4 CITY-ST-ZIP	
TITLE	VASD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSELEY, FREDERICK S IV	3.2 NAME	
STREET ADDRESS	173 LARCH ROW	3.3 STREET ADDRESS	
CITY-ST-ZIP	WENHAM MA 01984	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: **Fred Moseley** 3/27/99 (617) 557-6000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)