


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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000006573 (6)**  
1. Corporation Name  
**SYMMETRIX, INC.**

Principal Place of Business  
**ONE CRANBERRY HILL  
LEXINGTON MA 02173**

Mailing Address  
**ONE CRANBERRY HILL  
LEXINGTON MA 02173**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/12/1997**

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country	4. FEI Number <b>04-2874933</b> Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERTZ, DWIGHT L	1.2 NAME	
STREET ADDRESS	ONE CRANBERRY HILL	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	1.4 CITY-ST-ZIP	
TITLE	COOD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, PATRICK	2.2 NAME	
STREET ADDRESS	ONE CRANBERRY HILL	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOHLIN, RON	3.2 NAME	
STREET ADDRESS	ONE CRANBERRY HILL	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	3.4 CITY-ST-ZIP	
TITLE	C	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELMAN, PETER	4.2 NAME	
STREET ADDRESS	ONE CRANBERRY HILL	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	4.4 CITY-ST-ZIP	
TITLE	COB	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREBACH, GRESHAM	5.2 NAME	
STREET ADDRESS	ONE CRANBERRY HILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON MA 02173	5.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: Daytime Phone # 0000126

CR2E034 (10/97)