

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 19, 1999 8:00 am**  
**Secretary of State**

07-19-1999 90008 021 \*\*\*158.75

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # F98000005725** ✓

1. Corporation Name  
**EZE CASTLE CONSULTING, INC.**



Principal Place of Business  
**50 FEDERAL STREET, SUITE 710  
 BOSTON MA 02110**

Mailing Address  
**50 FEDERAL STREET, SUITE 710  
 BOSTON MA 02110**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**10/13/1998**

4. FEI Number  
**04-3319738**

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business  
 21 **50 Federal Street**  
 Suite, Apt. #, etc.  
 22 **Suite 710**  
 City & State  
 23 **Boston, MA**  
 Zip  
 24 **02110**

2a. Mailing Address  
 26 **50 Federal Street**  
 Suite, Apt. #, etc.  
 27 **Suite 710**  
 City & State  
 28 **Boston, MA**  
 Zip  
 29 **02110**

Country  
 25 **USA** 30 **USA**

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 **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

TITLE	<b>PDCS</b>	<input type="checkbox"/> DELETE
NAME	<b>MCLAUGHLIN, SEAN</b>	
STREET ADDRESS	<b>47 LANDSEER STREET</b>	
CITY-ST-ZIP	<b>BOSTON MA 02132</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>CAHALY, JOHN</b>	
STREET ADDRESS	<b>3 D.J. MURPHY LANE</b>	
CITY-ST-ZIP	<b>HOPKINTON MA 01748</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Thomas Granin</b>	
1.3 STREET ADDRESS	<b>86 Lowell Street</b>	
1.4 CITY-ST-ZIP	<b>Somerville, MA 02143</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input 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.

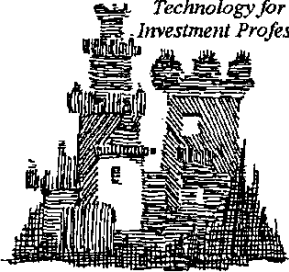
SIGNATURE: *[Signature]* SIGNATURE REQUIRED **7/6/99** (617)880-7406

CR2E034 (5/99)

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590415-90008

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**Eze Castle Consulting**  
*Technology for the  
Investment Professional*



July 7, 1999

Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Enclosed is our check for \$158.75 for our 1999 Florida Profit Corporation Annual Report.

Although, the form sent by department indicates the packet is a 2<sup>nd</sup> notice, it is the first packet we have received. As a result, we are not including the \$400.00 late fee we have been assessed.

Sincerely,

A handwritten signature in cursive script that reads "David C. Kelly". The signature is fluid and somewhat stylized.

David C. Kelly  
Controller