

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**



2. Principal Place of Business	2a. Mailing Address
21 <b>50 Federal Street</b>	26 <b>50 Federal Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>Suite 710</b>	27 <b>Suite 710</b>
City & State	City & State
23 <b>Boston, MA</b>	28 <b>Boston, MA</b>
Zip	Zip
24 <b>02110</b>	29 <b>02110</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

DO NOT WRITE IN THIS SPACE

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

4. FEI Number <b>04-3319738</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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.	<input type="checkbox"/> Yes <input checked="" 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

**FL**

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	<b>PDCS</b>	1.1 TITLE	<b>Director</b>
NAME	<b>MCLAUGHLIN, SEAN</b>	1.2 NAME	<b>Thomas Gavin</b>
STREET ADDRESS	<b>47 LANDSEER STREET</b>	1.3 STREET ADDRESS	<b>86 Lowell Street</b>
CITY-ST-ZIP	<b>BOSTON MA 02132</b>	1.4 CITY-ST-ZIP	<b>Somerville, MA 02143</b>
TITLE	<b>TD</b>	2.1 TITLE	
NAME	<b>CAHALY, JOHN</b>	2.2 NAME	
STREET ADDRESS	<b>3 D.J. MURPHY LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOPKINTON MA 01748</b>	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

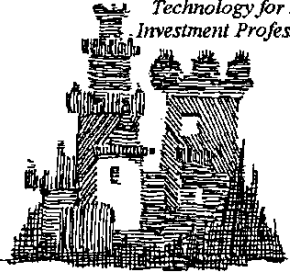
SIGNATURE: *[Signature]* SIGNATURE REQUIRED: *[Signature]* 7/6/99 (617)880-7406

CR2E034 (5/99)

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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,

David C. Kelly  
Controller