


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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90043 037 ***150.00

0545713

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

DOCUMENT # **F98000006118**

1. Corporation Name
HR LOGIC, INC.



Principal Place of Business 1320 CENTRE ST. NEWTON MA 02159	Mailing Address 1320 CENTRE ST. NEWTON MA 02159
---------------------------------------------------------------------------	---------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

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		3. Date Incorporated or Qualified 11/04/1998	
		4. FEI Number 04-3392553		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired N/A		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <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 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	C <input type="checkbox"/> DELETE	1.1 TITLE	* D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, PERRY	1.2 NAME	Solomon, Perry
STREET ADDRESS	1320 CENTRE ST.	1.3 STREET ADDRESS	1320 Centre St.
CITY-ST-ZIP	NEWTON MA 02159	1.4 CITY-ST-ZIP	Newton, MA 02459
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERTZ, GEORGE	2.2 NAME	
STREET ADDRESS	82 DEVONSHIRE ST. R25C	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02109-3614	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN CLEAVE, RICHARD III	3.2 NAME	
STREET ADDRESS	119 LITTLETON RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054-1849	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENMAN, ELAINE	4.2 NAME	
STREET ADDRESS	335 MADISON AVE., 25TH FL.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	4.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASE, GREG	5.2 NAME	
STREET ADDRESS	455 S. GULP RD., STE. 410	5.3 STREET ADDRESS	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	5.4 CITY-ST-ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLO, JOE	6.2 NAME	
STREET ADDRESS	1320 CENTRE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEWTON MA 02159	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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-98

Date

(617) 558-8000

Daytime Phone #

CR2E034 (11/98)