SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G41583

(7)

WESTFOUR, INC.

FILED
Jul 16 1998 8:00am
Secretary of State

Principal Place of Business Mailing Address									I 1901fil 901l 910bl Djubl Offel Ation	401 BIBN BIBN BIBN 1991		
284 NEWBL		~		284 NEWBURY ST								
BOSTON MA 02115				BOSTON MA 02115								
US			US	U\$				ļ	DO NOT WRITE IN THIS SPACE			
									3. Date Incorporated or Qualified 06/01/1983			
2. Principal Place of Business				2a. Mailing Address					4. FEI Number		Applied For	
21		26						04-27 <u>95814</u>		Not Applicable		
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$	B.75 Additional Fee Required	
	City & State			City & State					Election Campaign Financing	1 1 -	5.00 May Be	
23				Zip Country				Trust Fund Contribution		Added to Fees		
Zip		Country		···					8, This corporation owes or has paid the current year intangible			
24		and Address of Current		29 30 30					Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
T		HALL CORPORATION				81	Na	ame	(o) Hame and House	Joseph Prepar		
	201 HAYS STI		0,0,,	P.11 11 10 1								
SUITE 105							St	reet Addres	ass (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301												
						84	Çit	ty		85	Zip Code	
44 5				3.4600 E)						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 Signature, typed or printed name of registered agent and title if applicable (NOTE: F							nent s	ionalure require	d when reinstating)	DATE		
12.		OFFICERS AND		·		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D			DELETE	1.1 T					75	Change Addition	
NAME	SARKIS, (CHARLES F.				1.2 NAME						
STREET ADDR	RESS 777 BOYLSTON STREET			1			1.3 STREET ADDRESS					
CITY-ST-ZIP	BOSTON	MA 02116				1.4 CITY-ST-ZIP						
TITLE	P			DELETE	2.1 T	ITLE					Change Addition	
NAME		LD, MARK L		2			2.2 NAME		;			
STREET ADDR	TREET ADDRESS 777 BOYLSTON STREET			2			ADDR	ESS				
CITY-ST-ZIP		MA 02116					ZIP					
TITLE	VSTD	ON EDANIOIS D		DELETE	3.1 T					1	Change L. Addition	
NAME	40 500	ON, FRANCIS P.		3								
STREET ADDR		LMOUTH MA 02574		I			ADDR	RESS				
CITY-ST-ZIP TITLE	V	LINOUTH MIN UZUIT		Therese	3.4 C 4.1 T	TY-ST-	ZIP					
NAME	1	ROBERT J		L_] DELETE	4.1 I					L. (Change Addition	
STREET ADDR	OF FOALM					TREET A	ADDR	eres.				
CITY-ST-ZIP	NATICK N					ITY-ST-2						
TITLE				DELETE	5.1 T						hange Addition	
NAME	- }			<u></u>	5.2 N	AME		- }			The Late of the La	
STREET ADDRE	ESS				5.3 S	TREETA	ADDR	ESS				
CITY-ST-ZIP					5.4 C	ITY-ST-2	Z IP					
TITLE				DELETE	6.1 T	ITLE					change Addition	
NAME					6.2 N	AME					-	
STREET ADDRI	ESS				6.3 S	TREET A	ADDR	ESS				
CITY-ST-ZIP						ITY-ST-						
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. July 7, 1888 (617) 536–2800												

Francia D. Riggaillon, Vice President