

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 # **L36879** (9)
1. Corporation Name
SWF WOODMERE DEVELOPMENT CORP.

Principal Place of Business
**100 FEDERAL STREET
01-19-03
BOSTON MA 02110
US**

Mailing Address
**100 FEDERAL STREET
01-18-03
BOSTON MA 02110
US**

FILED
Sep 01 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/18/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		04-3077992	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUCKETT, DENNIS J			1.2 NAME	E. Faye Ballou		
STREET ADDRESS	100 FEDERAL ST.			1.3 STREET ADDRESS	100 Federal Street		
CITY-ST-ZIP	BOSTON MA			1.4 CITY-ST-ZIP	Boston, MA 02110		
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HUDSON, STEVEN P.			2.2 NAME	Marvin A. Westphal		
STREET ADDRESS	100 FEDERAL STREET			2.3 STREET ADDRESS	100 Federal Street		
CITY-ST-ZIP	BOSTON MA			2.4 CITY-ST-ZIP	Boston, MA 02110		
TITLE	DVP	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WESTPHAL, MARVIN A			3.2 NAME	Christopher Canniff		
STREET ADDRESS	100 FEDERAL STREET			3.3 STREET ADDRESS	100 Federal Street		
CITY-ST-ZIP	BOSTON MA 02110			3.4 CITY-ST-ZIP	Boston, MA 02110		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NORMAN, AMY L			4.2 NAME			
STREET ADDRESS	100 FEDERAL ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			4.4 CITY-ST-ZIP			
TITLE	AT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMANN, ROBERT J.			5.2 NAME			
STREET ADDRESS	100 FEDERAL ST.			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			5.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GUINEY, ALICE M.			6.2 NAME			
STREET ADDRESS	100 FEDERAL STREET			6.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			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: *E. Faye Ballou*

7/30/98

617 434-2899

CR2E034 (5/98)

BankBoston, N.A.
100 Federal Street
Boston, Massachusetts 02106

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August 20, 1998

Division of Corporations
Annual Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: SWF Woodmere Development Corp.

Gentlemen:

Enclosed please find our check in the amount of \$150.00 and the 1998 Annual Report for SWF Woodmere Development Corp. Please note that the \$400.00 late fee is not included since a first notice of the report was never received by this office.

If you have any questions, please contact me at 617 434-2899.

Sincerely,

E. Faye Ballou
Assistant Clerk

enclosures