

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

FILED

**Apr 16 1997 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P04148 (3)
1. Corporation Name
TOWERMARC CORPORATION



| | |
|---|--|
| Principal Place of Business C/O TOWERMARC CORPORATION 260 FRANKLIN STREET BOSTON MA 02110 | Mailing Address C/O TOWERMARC CORPORATION 260 FRANKLIN STREET BOSTON MA 02110-3112 |
|---|--|

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/27/1984 | 3a. Date of Last Report 08/09/1996 |
| 4. FEI Number 65-0845123 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---------------------------------------|--------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. |
| 22. City & State | 27. City & State |
| 23. Zip | 28. Zip |
| 24. Country | 29. Country |
| 25. | 30. |

9. Name and Address of Current Registered Agent
**INTRASTATE REGISTERED AGENT CORP.
701 BRICKELL AVENUE
MIAMI FL 33131**

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 |

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

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | ROSS, D. SCOTT |
| STREET ADDRESS | 260 FRANKLIN STREET, SUITE 1840 |
| CITY-ST-ZIP | BOSTON MA 02110 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | BOGARY, ADNAN |
| STREET ADDRESS | TWO PICKWICK PLAZA, 4TH FLOOR |
| CITY-ST-ZIP | GREENWICH CT 06830 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | AL-MUTABAGANI, MOHAMMED DR. |
| STREET ADDRESS | TWO PICKWICK PLAZA, 4TH FLOOR |
| CITY-ST-ZIP | GREENWICH CT 06830 |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | SR. V.P. |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | CPD Vintadis, Polyvios C. |
| 2.3 STREET ADDRESS | 2 Pickwick Plaza, 4th Floor |
| 2.4 CITY-ST-ZIP | Greenwich CT 06830 |
| 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 do 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: **X D Scott Ross** **Scott Ross** 2/24/97 617-439-9077
Date Daytime Phone 0000184

CR2E034 (9/96)