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**Apr 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07353 (6)
 1. Corporation Name
ALLMERICA INVESTMENTS, INC.



Principal Place of Business 440 LINCOLN STREET WORCESTER MA 01653-0001	Mailing Address 440 LINCOLN STREET WORCESTER MA 01653-0002
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3. Date Incorporated or Qualified 09/10/1985	3a. Date of Last Report 04/26/1996
4. FEI Number 04-2448927	Applied For 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 % 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	PARRY, EDWARD J III
STREET ADDRESS	60 WINGSONG ROAD
CITY-ST-ZIP	CUMBERLAND RI
TITLE	V <input type="checkbox"/> DELETE
NAME	MUELLER, DAVID J.
STREET ADDRESS	78 BRINGTON ROAD
CITY-ST-ZIP	BROOKLINE MA
TITLE	S <input type="checkbox"/> DELETE
NAME	ARMSTRONG, ABIGAIL M.
STREET ADDRESS	274 BROCKELMAN RD.
CITY-ST-ZIP	LANCASTER MA
TITLE	D <input type="checkbox"/> DELETE
NAME	O'BRIEN, JOHN F.
STREET ADDRESS	66 HOMESTEAD STREET
CITY-ST-ZIP	NEWTON MA
TITLE	AT <input type="checkbox"/> DELETE
NAME	ZAGORSKI, STANLEY A.
STREET ADDRESS	204 AUBURN STREET
CITY-ST-ZIP	CHERRY VALLEY MA
TITLE	D <input type="checkbox"/> DELETE
NAME	KELLY, JOHN F.
STREET ADDRESS	8 SEARS ROAD
CITY-ST-ZIP	SOUTHBORO MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	O'Brien, John F.
4.3 STREET ADDRESS	762 South Street
4.4 CITY-ST-ZIP	Needham, MA 02192
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)(l), 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 or Block 14 if changed, or on an attachment with an address.

SIGNATURE: *Stanley A. Zagorski* **STANLEY A. ZAGORSKI** Stanley A. Zagorski 4/17/97 (508) 855-2818
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)