

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

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P11193 (0)**  
 1. Corporation Name  
**ALLMERICA INVESTMENT MANAGEMENT COMPANY, INC.**



Principal Place of Business: **440 LINCOLN STREET WORCESTER MA 01653-0001**  
 Mailing Address: **440 LINCOLN STREET WORCESTER MA 01653-0002**

3. Date Incorporated or Qualified: **08/21/1986**      3a. Date of Last Report: **04/30/1996**

4. FEI Number: **04-2888068**      Applied For:  Not Applicable

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**

2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BRIEN, JOHN F.</b>	1.2 NAME	
STREET ADDRESS	<b>66 HOMESTEAD ST.</b>	1.3 STREET ADDRESS	<b>762 South Street</b>
CITY-ST-ZIP	<b>NEWTON MA</b>	1.4 CITY-ST-ZIP	<b>Needham, MA 02192</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMONSEN, ERIC A.</b>	2.2 NAME	
STREET ADDRESS	<b>6 APPLE TREE LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BARRINGTON RI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARRY, EDWARD J III</b>	3.2 NAME	
STREET ADDRESS	<b>29 SANDY WAY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CUMBERLAND RI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARMSTRONG, ABIGAIL M.</b>	4.2 NAME	
STREET ADDRESS	<b>274 BROCKELMAN RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANCASTER MA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELLY, JOHN F.</b>	5.2 NAME	
STREET ADDRESS	<b>8 SEARS ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOUTHBORO MA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>AC</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURRAY, GROVER C.</b>	6.2 NAME	
STREET ADDRESS	<b>19 SATURN DRIVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHREWSBURY MA</b>	6.4 CITY-ST-ZIP	

11. 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: Stanley A. Zagorski      **Stanley A. Zagorski**      4/18/97      (508) 855-2818

CR2E034 (9/96)