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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

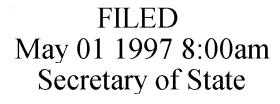
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P11193

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ALLMERICA INVESTMENT MANAGEMENT COMPANY, INC.

Principal Place of Busine	5\$
446 114000141 070007	



Principal Place of Business	Mailing Address					
440 LINCOLN STREET WORCESTER MA 01653-0001	440 LINCOLN STREET WORCESTER MA 01653-0	•				
				3. Date Incorporated or Qualified 08/21/1986	3a. Date of Last Report 04/30/1996	
2. Principal Place of Business	2e. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
<u> </u>	26			04-2888068	Not Applicable	
Suite, Apt. #, etc.	Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country 25	Zip 29	F-3 ' F-3 '			This corporation has liability for intangible tax under s. 199.032,     Florida Statutes	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM	nan .		Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		),	Street A	Street Address (P.O. Box Number is Not Acceptable)		
		Ī	13			
		ļ.	14 City		FL 85 Zip Code	
<ol> <li>Pursuant to the provisions of Sections office or registered agent, or both, in the agent. I am familiar with, and accept the</li> </ol>	he State of Florida. Such change was	s authorized	by the corp	corporation submits this statement for the purporation's board of directors. I hereby accept to	pose of changing its registered the appointment as registered	

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) DELETE 1.1 TITLE Change Addition TITLE O'BRIEN, JOHN F. NAME 1.2 NAME **66 HOMESTEAD ST.** STREET ADDRESS 1.3 STREET ADDRESS 762 South Street **NEWTON MA** CITY-ST-ZIP 14 CITY-ST-ZIP Needham, MA 02192 DELETE ☐ Change Addition TITLE 2.1 TITLE SIMONSEN, ERIC A. NAME 22 NAME **6 APPLE TREE LANE** STREET ADDRESS 2.3 STREET ADDRESS **BARRINGTON RI** CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3 1 TITLE PARRY, EDWARD J III NAME 3.2 NAME 29 SANDY WAY STREET ADDRESS 3.3 STREET ADDRESS **CUMBERLAND RI** CITY-ST-ZIP 34. CITY- ST- ZIP DELETE Change Addition TITLE 41 THIE ARMSTRONG, ABIGAIL M. NAME 4 2 NAME 274 BROCKELMAN RD. STREET ADDRESS 4.3 STREET ADDRESS LANCASTER MA MY-ST-ZIP 4.4 CITY - ST - ZIP MLE DELETE 51 TITLE Change Addition KELLY, JOHN F. NAME 5.2 NAME **8 SEARS ROAD** STREET ADDRESS 5.3 STREET ADDRESS SOUTHBORD MA TY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TLE 6.1 Trile Change Addition MURRAY, GROVER C. AME 19 SATURN DRIVE TREET ADDRESS SHREWSBURY MA

I do hereby certify that the information supplied with this filling 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

SIGNATURE:

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