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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

HORFE	RISON-CECO CORPORATIO	JN				
Principal Plac	ce of Business	Mailing Address				BIOLO BUDIL BUBIL DIOLO 1001
SUITE 425 SUITE 425 5000 EXECUTIVE PARKWAY 5000 EXECUTIVE		SUITE 425 5000 EXECUTIVE PARKY	WAY		DO NOT WRITE IN THIS	CDACE
US HAMON	GA 94583	SAN RAMON CA 94583 US		3. Date Incorporated or Qualified	or ACE	
**		••			12/02/1986	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26		36-3479146	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		S. Ochanicate of classes beginds	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip	Country	Z _I p	Cour	ntry	Trust Fund Contribution	Added to Fees
24	25	29	30	'll y	This corporation owes or has paid the cur Personal Property Tax due June 30.	rent year Intangible Yes No
271	9, Name and Address of Curre		1301		10. Name and Address of New Registered	
CT	CORPORATION SYSTEM			B1 Name		
1200 \$. PINE ISLAND ROAD			-	20 14		
PLANTATION FL 33324				Street Ac	ldress (P.O. Box Number is Not Acceptable)	
	The state of the s		į.	B3		
			1-	84 City		log I 75 Octo
ļ			["	B4 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statu	ites, the ab	ove-named co	orporation submits this statement for the purpose of	changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florida. Such change was jations of; Section 607.0505, F	authorized Iorida Statu	by the corpor ites.	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	ointment as registered
SIGNATURE		•				
	Signature, typod or printed name of registered ag	<u>`</u>		Agent signature re:	quired when reinstating) (DATE	
12.	1 A	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 13 Change Addition
TITLE	SAGE, II A	□ DI.CETE	1.1 TITE	t C	EO and D	
NAME PTOTET ADDRESS	1730 LAKEHOUSE DRIVE		1.2 NAM	AL LEDDE OF S	leisley, Michael E 5000 Executive Parkway, Su	415
STREET ADDRESS	N. PALM BEACH FL			EFT ADDRESS	DODO EXECUTIVE LALKEDAY PA	ITC TAN
CITY-ST-ZIP TITLE	P DEMONSTREE	DELETE	2.1 TITL	r-S1-ZIP	in Ramon, CA 94583	Change Addition
NAME	ROSKOVENSKY, EL	<u></u>	2.2 NAA			
STREET ADDRESS	4295 QUAIL RUN PLACE			EET ADDRESS	flevens, Ronald D. 5000 Executive Parkuray, Suit	405
CITY-ST-ZIP	DANVILLE CA		1	Y-ST-ZIP	an Ramon, CA 94583	, C-1440
TITLE	8	DELETE	3.1 TITL		ssistant Scarctary	Change Addition
NAME	MEADWOS, STAN		3.2 NAN		Glass, Dede A.	
STREET ADDRESS	45 BELLOWS HILL ROAD		3 3 STR	EET ADDRESS	5000 Executive Parkway, Sui	tc 425
CITY-ST-ZIP	CARLISLE MA		3.4. CII			
TITLE	4.0			1-91-51L •	Pur rumon ur 1986	اد
NAME	AS	DELETE	4.1 TiTL	F 10	•	Change Uddition
1	BAKER, THOMAS C.			e D	ben evento, Frank A.II	
STREET ADDRESS	BAKER, THOMAS C. 36 CRESCENT STREET APT		4.1 TITL 4 2 NAI	e D	ben evento, Frank A.II	
CITY-ST-ZIP	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA	8	4.1 TITL 4 2 NAI 4.3 STR 4.4 CITY	E CANTELL CONTROL CONT	ben evento, Frank A.II	Suite 425
CITY-ST-ZIP TITLE	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA ASAT		4.1 TITL 4 2 NAI 4.3 STR 4.4 CITY 5.1 TITL	E C C C C C C C C C C C C C C C C C C C	pen evento, Frank A.II 000 Executive Parkway San Ramon, CA 94583	
CITY-ST-ZIP TITLE NAME	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA ASAT MCCORMACK, PETER C.	8	4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM	E C C C C C C C C C C C C C C C C C C C	ben evento, Frank A.II 500 Executive Parkway San Ramon, CA. 94583	Suite 425
CITY-ST-ZIP TITLE NAME STREET ADDRESS	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA ASAT MCCORMACK, PETER C. 13 WYANE ROAD	8	4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STRI	E C C C C C C C C C C C C C C C C C C C	ben evento, Frank A, II 600 Executive Parkway San Ramon, CA 94583 Erman, Stanley G 600 Executive Parkway, Su	Suite 425
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA ASAT MCCORMACK, PETER C. 13 WYANE ROAD WESTFORD MA	8 DELETE	4.1 Tifl. 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAN 5.3 STRI 5.4 CITY	E C C C C C C C C C C C C C C C C C C C	pen evento, Frank A.II 000 Executive Parkway San Ramon, CA 94583	Suitc425 Change Maddition The 425
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA ASAT MCCORMACK, PETER C. 13 WYANE ROAD WESTFORD MA C	8	4.1 Tifl. 4.2 NAI 4.3 STR 4.4 GIY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIY 6.1 TITL	E ME EET ADDRESS 5 S S S S S S S S S S S S S S S S S	ben evento, Frank A.II 600 Executive Parkway San Ramon, CA. 94583 erman, Stanley G 600 Executive Parkway, Su San Ramon, CA. 94583	Suite 425
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA ASAT MCCORMACK, PETER C. 13 WYANE ROAD WESTFORD MA C SILLS, JOHN C.	8 DELETE	4.1 TITL 4.2 NAV 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAV 5.3 STRI 5.4 CITY 6.1 TITL 6.2 NAV	E ME EET ADDRESS S ST-ZIP EET ADDRESS S ST-ZIP EET ADDRESS S EET ADDRESS	ben evento, Frank A, II 500 Executive Parkway San Ramon, CA 94583 erman, Stanley G 500 Executive Parkway, Su San Ramon, CA 94583	Suitc425 Change Maddition The 425 Change Maddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	BAKER, THOMAS C. 36 CRESCENT STREET APT WAKEFIELD MA ASAT MCCORMACK, PETER C. 13 WYANE ROAD WESTFORD MA C	8 DELETE	4.1 TITL 4.2 NAI 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAI 5.3 STRI 6.1 TITL 6.2 NAI 6.3 STRI	E ME EET ADDRESS S ST-ZIP EET ADDRESS S ST-ZIP EET ADDRESS S EET ADDRESS	ben evento, Frank A, II 600 Executive Parkway San Ramon, CA 94583 Erman, Stanley G 600 Executive Parkway, Su	Suitc425 Change Maddition The 425 Change Maddition

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.

FILED

Feb 02 1998 8:00am

Secretary of State