

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14454** (3)

1. Corporation Name
VANASSE HANGEN BRUSTLIN, INC.



Principal Place of Business 101 WALNUT ST. P O BOX 9151 WATERTOWN MA 02272	Mailing Address 101 WALNUT ST. P O BOX 9151 WATERTOWN MA 02272
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME		2a. Mailing Address 26 SAME		3. Date Incorporated or Qualified 05/14/1987	
22 Suite, Apt. #, etc. SAME		27 Suite, Apt. #, etc. SAME		4. FEI Number 04-2931679	
23 City & State SAME		28 City & State SAME		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Zip 02471 25 Country same		29 Zip 02471 30 Country SAME		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent AUTABLE, JAMES R 111 CHERRY CREEK CIRCLE WINTER SPRINGS FL 32708				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	O'CALLAGHAN, FRANCIS			1.2 NAME			
STREET ADDRESS	81 WATERVALE ROAD			1.3 STREET ADDRESS			
CITY-ST-ZIP	MEDFORD MA			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VOKES, ROBERT R			2.2 NAME			
STREET ADDRESS	1 JUNIPER STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	HUDSON NH			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, RONALD E			3.2 NAME			
STREET ADDRESS	37 APPALOSSA DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	METHUEN MA			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FEINSTEIN, JONATHAN			4.2 NAME			
STREET ADDRESS	38 CONSTITUTION DRIVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTHBORO MA			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROACHE, WILLIAM J.			5.2 NAME			
STREET ADDRESS	38 GROVE STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	NORFOLK MA			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D'ANGELO, JAMES D.			6.2 NAME			
STREET ADDRESS	152 MILL ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	NORTH ANDOVER MA			6.4 CITY-ST-ZIP			

14. I 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 if changed, or on an attachment with an address.

SIGNATURE:

Robert R. Vokes Treasurer. 7/9/98 617/424-1770

CR2E034 (5/98)