FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **P19972** **(9)**

1. Corporation Name
EXECUTIVE IN RESIDENCE, INC.

Principal Place of Business
100 PARK AVENUE
P O BOX 620428
NEW YORK NY 10017
US

Mailing Address
27 BOYLSTON STREET
CHESTNUT HILL MA 02167
US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified
07/08/1988

4. FEI Number
59-2894037
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAWIN, CRAIG B		1.2 NAME		
STREET ADDRESS	27 BOYLSTON STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA		1.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SILVER, THOMAS J		2.2 NAME		
STREET ADDRESS	100 PARK AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CABRERA, JAMES C.		3.2 NAME		
STREET ADDRESS	100 PARK AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COOK, JOHN R		4.2 NAME		
STREET ADDRESS	27 BOYLSTON STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHSETNUT HILL MA		4.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GELLER, ERIC P		5.2 NAME		
STREET ADDRESS	27 BOYLSTON STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA		5.4 CITY-ST-ZIP		
TITLE	VAT	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GIBBONS, PAUL F.		6.2 NAME		
STREET ADDRESS	27 BOYLSTON ST		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHESTNUT HILL MA		6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 added by attachment with an address.

SIGNATURE: _____ Paul Gibbons 4/14/98 (617)232-8200