

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)



PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # **P22098** (8)
 1. Corporation Name

NEW ENGLAND PORTFOLIO ADVISORS, INC.



Principal Place of Business: **501 BOYLSTON STREET BOSTON MA 02116-3706**
 Mailing Address: **501 BOYLSTON STREET BOSTON MA 02116-3706**

3. Date Incorporated or Qualified: **12/13/1988**
 3a. Date of Last Report: **03/22/1995**
 4. FEI Number: **04-2843036**
 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
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84
 85 Zip Code: **FL**

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: _____ (Type or print name of registered agent and state if applicable) (Type Registered Agent signature required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTHRIE, JOHN F., JR.	12 NAME	
STREET ADDRESS	58 WOOD END LANE	13 STREET ADDRESS	
CITY - ST - ZIP	MEDFIELD MA	14 CITY - ST - ZIP	
TITLE	V	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MC DEVITT, THOMAS	22 NAME	
STREET ADDRESS	5 ARLINGTON STREET	23 STREET ADDRESS	
CITY - ST - ZIP	CAMBRIDGE MA	24 CITY - ST - ZIP	
TITLE	S	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWITT, BEVERLY J	32 NAME	
STREET ADDRESS	50 FOLLEN ST	33 STREET ADDRESS	
CITY - ST - ZIP	CAMBRIDGE MA	34 CITY - ST - ZIP	
TITLE	T	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, NEWTON H	42 NAME	TREASURER
STREET ADDRESS	5 EVERGREEN WAY	43 STREET ADDRESS	CHESTER FROST, CHESTER R
CITY - ST - ZIP	MEDFIELD MA	44 CITY - ST - ZIP	18 WEST NINE DR.
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIMMERMAN, FREDERICK	52 NAME	
STREET ADDRESS	101 HIGH ST.	53 STREET ADDRESS	
CITY - ST - ZIP	HINGHAM MA	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	TREASURER
43 STREET ADDRESS	CHESTER FROST, CHESTER R
44 CITY - ST - ZIP	18 WEST NINE DR.
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Chester Frost, Treasurer 6/17/96 607-578-2953
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)