


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

FILED
May 26 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 # P23448 (4) 1. Corporation Name METROPOLE OF MASSACHUSETTS, INC.					
Principal Place of Business ONE BOSTON PLACE 2100 BOSTON MA 02108 US			Mailing Address ONE BOSTON PLACE 2100 BOSTON MA 02108-4406 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 03/16/1989 3a. Date of Last Report 05/01/1997 4. FEI Number 04-3051441 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301				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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	Vice President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, CHRISTOPHER W			1.2 NAME	Christopher W. Collins		
STREET ADDRESS	72 HARBOR ST.			1.3 STREET ADDRESS	72 Harbor Street		
CITY-ST-ZIP	MANCHESTER MA			1.4 CITY-ST-ZIP	Manchester, MA		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MANNING, JOHN P			2.2 NAME	John P. Manning		
STREET ADDRESS	ONE BOSTON PLACE, STE. 2100			2.3 STREET ADDRESS	One Boston Place, Suite 2100		
CITY-ST-ZIP	BOSTON MA			2.4 CITY-ST-ZIP	Boston, MA 02108		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKAS, ANTHONY A			3.2 NAME	Anthony A Nickas		
STREET ADDRESS	10 KENNEL HILL DR.			3.3 STREET ADDRESS	20 OLD PLANTERS ROAD		
CITY-ST-ZIP	BEVERLY MA			3.4 CITY-ST-ZIP	BEVERLY, MA		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NICKAS, ANTHONY A			4.2 NAME	Anthony A. Nickas		
STREET ADDRESS	10 KENNEL HILL DR.			4.3 STREET ADDRESS	20 OLD PLANTERS ROAD		
CITY-ST-ZIP	BEVERLY MA			4.4 CITY-ST-ZIP	BEVERLY, MA		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLLINS, HERBERT F			5.2 NAME			
STREET ADDRESS	EDGEMOOR ROAD			5.3 STREET ADDRESS			
CITY-ST-ZIP	GLOUCESTER MA			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do 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 amendment with an address.

SIGNATURE:

RECEIVED

4/30/98

617-124-8900