

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P24054 (9)**
1. Corporation Name: **WABAN INC.**



Principal Place of Business: **%THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801**
Mailing Address: **%THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801**

2. Principal Place of Business: 21 Subj. Apt. #, etc. 22 City & State 23 Zip 24 Country 25
2a. Mailing Address: 26 Subj. Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified: **04/25/1989** 3a. Date of Last Report: **03/01/1995**
4. FEI Number: **33-0109661** 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

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 607.02(2) and 607.15(3), 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 Sections 607.02(2), Florida Statutes.

SIGNATURE _____

Signature of Registered Agent (to be completed by the agent)

Signature of Registered Agent (to be completed by the agent)

DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12	13	
1. NAME: CD FELDBERG, SUMNER L.	1. TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS: ONE MERCER RD	2. NAME: _____	
3. CITY, ST, ZIP: NATICK MA	3. STREET ADDRESS: _____	
4. TITLE: V	4. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME: NUGENT, JOHN J.	5. TITLE: _____	
6. STREET ADDRESS: ONE MERCER RD	6. NAME: _____	
7. CITY, ST, ZIP: NATICK MA	7. STREET ADDRESS: _____	
8. TITLE: PD	8. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME: ZARKIN, HERBERT J.	9. NAME: _____	
10. STREET ADDRESS: ONE MERCER RD	10. STREET ADDRESS: _____	
11. CITY, ST, ZIP: NATICK MA	11. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. TITLE: V	12. TITLE: _____	
13. NAME: SHERMAN, ALLAN P.	13. NAME: _____	
14. STREET ADDRESS: ONE MERCER ROAD	14. STREET ADDRESS: _____	
15. CITY, ST, ZIP: NATICK MA	15. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. TITLE: T	16. TITLE: _____	
17. NAME: WEISBERGER, EDWARD J.	17. NAME: _____	
18. STREET ADDRESS: ONE MERCER RD	18. STREET ADDRESS: _____	
19. CITY, ST, ZIP: NATICK MA	19. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. TITLE: S	20. TITLE: _____	
21. NAME: GALLIVAN, SARAH M.	21. NAME: _____	
22. STREET ADDRESS: ONE MERCER RD	22. STREET ADDRESS: _____	
23. CITY, ST, ZIP: NATICK MA	23. CITY, ST, ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/96
508-651-6500
Telephone Number

CR2E034 (12/95)