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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997 	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 19801-1120
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/25/1989	3a. Date of Last Report 02/27/1996
4. FEI Number 33-0109661		Applied For <input type="checkbox"/> Not Applicable		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		7. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	
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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 CD NAME FELDBERG, SUMNER L. STREET ADDRESS ONE MERCER RD CITY-ST-ZIP NATICK MA <input checked="" type="checkbox"/> DELETE	1.1 TITLE CD 1.2 NAME WAXLAX, LORNE R. 1.3 STREET ADDRESS ONE MERCER ROAD 1.4 CITY-ST-ZIP NATICK, MA 01760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE V NAME NUGENT, JOHN J STREET ADDRESS ONE MERCER RD CITY-ST-ZIP NATICK MA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME ZARKIN, HERBERT J. STREET ADDRESS ONE MERCER RD CITY-ST-ZIP NATICK MA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE V NAME SHERMAN, ALLAN P STREET ADDRESS ONE MERCER ROAD CITY-ST-ZIP NATICK MA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME WEISBERGER, EDWARD J. STREET ADDRESS ONE MERCER RD CITY-ST-ZIP NATICK MA <input checked="" type="checkbox"/> DELETE	5.1 TITLE T 5.2 NAME ARTHUR T. SILK, JR. 5.3 STREET ADDRESS ONE MERCER ROAD 5.4 CITY-ST-ZIP NATICK, MA 01760 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE S NAME GALLIVAN, SARAH M. STREET ADDRESS ONE MERCER RD CITY-ST-ZIP NATICK MA <input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 attachment with an address.

SIGNATURE: Arthur T. Silk, Jr. **ARTHUR T. SILK, JR.** Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 0008327

CR2E034 (9/96)