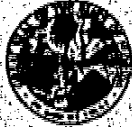


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

**95 JUL -7 AM 8:57**

**SECRETARY OF STATE  
 TALLAHASSEE FLORIDA**

**DOCUMENT # P25275 (9)**

1. Corporation Name  
**OXFORD & ASSOCIATES, INC. OF THE SOUTHEAST**

Principal Place of Business Mailing Address  
**4 CENTENNIAL DRIVE 4 CENTENNIAL DRIVE  
 PEABODY MA 01961 PEABODY MA 01961**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/21/1989** 3a. Date of Last Report **02/10/1994**

4. FEI Number **04-2838027** 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**

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PSD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RYAN, THOMAS F.</b>	1.2 NAME	
STREET ADDRESS	<b>25 ROCKY LEDGE RD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SWAMPSCOTT MA</b>	1.4 CITY - ST - ZIP	<b>01907</b>
TITLE	<b>VT</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLMAN, JOHN G JR</b>	2.2 NAME	
STREET ADDRESS	<b>49 CHURCH ST.</b>	2.3 STREET ADDRESS	<b>01532</b>
CITY - ST - ZIP	<b>NORTHBORO MA</b>	2.4 CITY - ST - ZIP	
TITLE	<b>AS</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELLMAN, JOHN G JR</b>	3.2 NAME	
STREET ADDRESS	<b>40 CHURCH ST.</b>	3.3 STREET ADDRESS	<b>01532</b>
CITY - ST - ZIP	<b>NORTHBORO MA</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUARK, JOSEPH M.</b>	4.2 NAME	
STREET ADDRESS	<b>238 ALLEN RD.</b>	4.3 STREET ADDRESS	<b>01821</b>
CITY - ST - ZIP	<b>BALLERCA MA</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if furnished, or as an attachment with an address.

SIGNATURE *John G. Wellman, Jr.* **John G. Wellman, Jr.** 4/29/95 578-977-2277  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed) Digitally Signed by X 3/8

CR2E034 (3/95)