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**Apr 25 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 # P25275 (9)
1. Corporation Name
OXFORD & ASSOCIATES, INC. OF THE SOUTHEAST



Principal Place of Business Mailing Address
4 CENTENNIAL DRIVE PEABODY MA 01961 **4 CENTENNIAL DRIVE PEABODY MA 01960-7902**

3. Date Incorporated or Qualified 07/21/1989	3a. Date of Last Report 04/16/1996
4. FEI Number 04-2838827	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

g. Name and Address of Current Registered Agent

**HQ CORPORATE SERVICES, INC.
526 EAST PARK 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 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: *N/A*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	RYAN, THOMAS F.	
STREET ADDRESS	206 LOCHA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	WELLMAN, JOHN G JR	
STREET ADDRESS	49 CHURCH ST.	
CITY-ST-ZIP	NORTHBORO MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	QUIRK, JOSEPH M	
STREET ADDRESS	236 ALLEN ROAD	
CITY-ST-ZIP	BILLERICA MA 01821	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	QUIRK, JOSEPH M.	
STREET ADDRESS	236 ALLEN RD.	
CITY-ST-ZIP	BILLERICA MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TERRY L. COWMAN	
1.3 STREET ADDRESS	8 ROCKWOOD HEIGHTS	
1.4 CITY-ST-ZIP	MANCHESTER, MA 01944	
2.1 TITLE	V/T/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN G. WELLMAN, JR.	
2.3 STREET ADDRESS	33 COUNTRY CLUB RD	
2.4 CITY-ST-ZIP	PEABODY, MA 01960	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 attachment with an address.

SIGNATURE: *John G. Wellman, Jr.* Date: **4/16/97** 508/538-1734
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000798
JOHN G. WELLMAN, JR.

CR2E034 (9/96)