

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25275 (9)
 1. Corporation Name
OXFORD & ASSOCIATES, INC. OF THE SOUTHEAST



Principal Place of Business 4 CENTENNIAL DRIVE PEABODY MA 01961	Mailing Address 4 CENTENNIAL DRIVE PEABODY MA 01961
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 SAME AS ABOVE		2a. Mailing Address 26 SAME AS ABOVE		3. Date Incorporated or Qualified 07/21/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 04-2838827	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		29 Country		30 Country	
24		25		29	

9. Name and Address of Current Registered Agent HIO CORPORATE SERVICES, INC. 528 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		FL	

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.
N/A

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSD	<input type="checkbox"/> DELETE	1.1 TITLE President, Director, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RYAN, THOMAS F.		1.2 NAME Thomas F. Ryan	
STREET ADDRESS 206 LOCHA DRIVE		1.3 STREET ADDRESS 206 Locha Drive	
CITY-ST-ZIP JUPITER FL 33458		1.4 CITY-ST-ZIP Jupiter, FL 33458	
TITLE VTAS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Secretary/Clerk	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WELLMAN, JOHN G JR		2.2 NAME Edward P. Kelly, Jr.	
STREET ADDRESS 33 COUNTRY CLUB RD		2.3 STREET ADDRESS 61 Horace Street	
CITY-ST-ZIP PEABODY MA		2.4 CITY-ST-ZIP Needham, MA 02194	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME COWMAN, TERRY L		3.2 NAME Charlton H. Buckley	
STREET ADDRESS 8 ROCKWOOD HEIGHT		3.3 STREET ADDRESS 32 Lake Front Drive	
CITY-ST-ZIP MANHESTER MA		3.4 CITY-ST-ZIP Glenbrook, NV 89413	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Stuart E. Madnick	
STREET ADDRESS		4.3 STREET ADDRESS 55 Lee Street	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Brookline, MA 02146	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Guilford L. Spencer III	
STREET ADDRESS		5.3 STREET ADDRESS 4 Chapel Rd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP No. Hampton, NH 03862	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Chief Operating Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Michael J. McGowan	
STREET ADDRESS		6.3 STREET ADDRESS 8 Charles Davis Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Wenham, MA 01984	

14. I 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: *Edward P. Kelly, Jr.* **Edward P. Kelly, Jr.** Secretary/Clerk 4/13/98 (978)538-1726

CR2E034 (10/97)