


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

FILED  
Mar 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P27881 (2)</b> 1. Corporation Name <b>RTMC CORPORATION</b>					
Principal Place of Business <b>14 CROSBY DRIVE BEDFORD MA 01730</b>			Mailing Address <b>14 CROSBY DRIVE BEDFORD MA 01730-1402</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/29/1990</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report <b>05/01/1996</b>	
22 City & State		27 City & State		4. FEI Number <b>04-3294782</b> <i>04-2789482</i>	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>GOLDBERG, ROBERT SCRI FLORIDA STATE UNIVERSITY TALLAHASSEE FL 32306</b>			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 Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PCEO / DIRECTOR <input type="checkbox"/> DELETE				
NAME	DORETTI, ROBERT				
STREET ADDRESS	14 CROSBY DRIVE				
CITY-ST-ZIP	BEDFORD MA				
TITLE	VPT <input type="checkbox"/> DELETE				
NAME	LABOSSIERE, ROBERT				
STREET ADDRESS	14 CROSBY DRIVE				
CITY-ST-ZIP	BEDFORD MA				
TITLE	VP <input checked="" type="checkbox"/> DELETE				
NAME	MYCKOWSKI, JACEK				
STREET ADDRESS	297 STOW RD				
CITY-ST-ZIP	HARVARD MA				
TITLE	VP <input checked="" type="checkbox"/> DELETE				
NAME	PUTNAM, GARDY S				
STREET ADDRESS	381 MAIN ST				
CITY-ST-ZIP	AMESBURY MA				
TITLE	DIRECTOR <input type="checkbox"/> DELETE				
NAME	RICHARD GOODWIN				
STREET ADDRESS	14 CROSBY DRIVE				
CITY-ST-ZIP	BEDFORD, MA 01730				
TITLE	DIRECTOR <input type="checkbox"/> DELETE				
NAME	BRIAN COHN				
STREET ADDRESS	14 CROSBY DRIVE				
CITY-ST-ZIP	BEDFORD, MA 01730				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
21 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				

SIGNATURE:

*[Signature]*

(617) 276-0600

CR2E034 (9/96)