

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

FILED
Apr 21 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 # P28210 (3)
1. Corporation Name
WOODHOLLOW CORPORATION



Principal Place of Business ONE INTERNATIONAL PLACE BOSTON MA 02110	Mailing Address ONE INTERNATIONAL PLACE BOSTON MA 02110-2802
---	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/21/1990	3a. Date of Last Report 04/09/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 04-3078627	Applied For Not Applicable
22 City & State	27	28 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
g. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Asst. VP Asst. Secy
NAME	MCCREADY, RICHARD J	1.2 NAME	Amy R Johnson
STREET ADDRESS	ONE INTERNATIONAL PL.	1.3 STREET ADDRESS	One International Pl.
CITY-ST-ZIP	BOSTON MA 02110	1.4 CITY-ST-ZIP	BOSTON MA 02110
TITLE	DC	2.1 TITLE	
NAME	ASHNER, MICHAEL L	2.2 NAME	
STREET ADDRESS	17 BUTTWOOD DRIVE	2.3 STREET ADDRESS	2 Bridle Court
CITY-ST-ZIP	DIX HILLS FL 11746	2.4 CITY-ST-ZIP	Oyster Bay Cove, NY 11771
TITLE	VP	3.1 TITLE	
NAME	FURBER, JEFFREY D	3.2 NAME	
STREET ADDRESS	8 NANTUCKET ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILLESLEY MA 02181	3.4 CITY-ST-ZIP	
TITLE	VPT	4.1 TITLE	
NAME	PAGE, ANTHONY R	4.2 NAME	
STREET ADDRESS	220 NEWBURY STREET, #5	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02116	4.4 CITY-ST-ZIP	
TITLE	SVP	5.1 TITLE	
NAME	BRAVERMAN, PETER A	5.2 NAME	
STREET ADDRESS	333 WEST END AVENUE, APT. 1A	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10023	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	
NAME	BONIFIELD, STEPHEN	6.2 NAME	
STREET ADDRESS	2015 BROCKTON CLOSE	6.3 STREET ADDRESS	47 Hickory Lane
CITY-ST-ZIP	MARIETTA GA 30068	6.4 CITY-ST-ZIP	Scituate, MA 02066

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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/97 6174284184
Date Daytime Phone # 0550127

CR2E034 (9/96)