

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

FILED
Jan 29 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 # P29721 (8)

1. Corporation Name
SIMPSON GUMPERTZ & HEGER INC.

Principal Place of Business
297 BROADWAY
ARLINGTON MA 02174

Mailing Address
297 BROADWAY
ARLINGTON MA 02174-5310



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/12/1990	3a. Date of Last Report 02/20/1996
21		26		4. FEI Number 04-2256923	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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		Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE		PD		<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		SCHWARTZ, THOMAS A				1.2 NAME									
STREET ADDRESS		5 WIRTHMORE LANE				1.3 STREET ADDRESS									
CITY - ST - ZIP		LYNNFIELD MA 01940				1.4 CITY - ST - ZIP									
TITLE		SD		<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		NEVINS, JOHN W				2.2 NAME									
STREET ADDRESS		19 MT PLEASANT ST				2.3 STREET ADDRESS									
CITY - ST - ZIP		WINCHESTER MA				2.4 CITY - ST - ZIP									
TITLE		TD		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME		ANTEBI, JOSEPH				3.2 NAME									
STREET ADDRESS		5 DUNSTABLE RD				3.3 STREET ADDRESS									
CITY - ST - ZIP		CAMBRIDGE MA				3.4 CITY - ST - ZIP									
TITLE				<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change		<input type="checkbox"/> Addition					
NAME						4.2 NAME									
STREET ADDRESS						4.3 STREET ADDRESS									
CITY - ST - ZIP						4.4 CITY - ST - ZIP									
TITLE				<input type="checkbox"/> DELETE		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				<input type="checkbox"/> DELETE		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 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 W. Nevins* SIGNED John W. Nevins 1/16/97 (617) 643-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)