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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

### Principal Place of Business ### Principal Place of Business #### ATTN: LEGAL DEPARTMENT 68 PERIMETER CENTER EAST ATLANTA GA 30346-1805 #### DO NOT WRITE 3. Date Incorporated or Qualified #### 09/18/1990 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 4. FEI Number 2c. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	E IN THIS SPACE Applied For Not Applicable
2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 2a. Mailing Address 4. FEI Number 2b. Technology Drive 13-3552561 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 Box 5152 6. Certificate of Status Desired	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired	
22 Box 5152 6. Certificate of Status Desired	
	\$8.75 Additional
City & State Carty & State & Flection Compaign Financing	Fee Required
City & State City & State City & State 6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip Country Zip Country 8. This corporation owes or has pa	
24 25 29 01581 30 USA Personal Property Tax due June	30. Yes No
9, Name and Address of Current Registered Agent 10. Name and Address of New Re	gistered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 B1 Name 82 Street Address (P.O. Box Number is Not Acceptable Street Address (FL 85 Zip Code
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 agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature. Typed or prefer function of registered agent and their it sufficiable. (NOTE Registered Agent signature required when reinstating) 12. OFFICE RS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICE	DATE
TITLE PCEO DELETE 1,1 TITLE	Change Addition
NAME WILLIAM G. NELSON 12 NAME	
STREET ADDRESS 11 ALLSTATE PARKWAY 1.3 STREET ADDRESS	!
CITY-ST-ZIP MARKHAM ON 1.4 CITY-ST-ZIP	
TITLE VC 2.1 TITLE T	Change 🙀 Addition
NAME STEPHEN J. SADLER 22 NAME David G.B. Scott STREET ADDRESS 11 ALLSTATE PARKWAY 23 STREET ADDRESS 5.3 Lamboth Road	
JJ Dambeti Road	1.3R .9T8
	Change Addition
TITLE S DELETE 3.1 TITLE	
NAME SHELLEY R. ISENBERG 32 NAME STREET ADDRESS 11 ALLSTATE PARKWAY 33 STREET ADDRESS CITY-ST-ZIP MARKHAM ON 34. CITY-ST-ZIP	
NAME SHELLEY R. ISENBERG STREET ADDRESS CITY-S1-ZIP MARKHAM ON STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-S1-ZIP ATTER A	☐ Change 🔀 Addition
NAME SHELLEY R. ISENBERG STREET ADDRESS CITY-ST-ZIP TITLE NAME SHELLEY R. ISENBERG 32 NAME 33 STREET ADDRESS 34. CITY-ST-ZIP 41 TITLE 42 NAME Kathryn A. Smith Kathryn A. Smith	
NAME STREET ADDRESS CITY-ST-ZIP MARKHAM ON DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS BOX 5152 9 Technol BOX 5152 9 Technol	logy Drive
NAME STREET ADDRESS CITY-ST-ZIP MARKHAM ON STREET ADDRESS CITY-ST-ZIP DELETE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP AT Kathryn A. Smith Box 5152 9 Technol Box 5152 9 Technol Westborough, MA 015	logy Drive 581
NAME SHELLEY R. ISENBERG STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE AT' Kathryn A. Smith Box 5152 9 Technol Westborough, MA 015	logy Drive
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NAME STREET ADDRESS CITY-ST-ZIP MARKHAM ON DELETE A1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE A1 TITLE A2 NAME A3 STREET ADDRESS A4 CITY-ST-ZIP Westborough, MA 015 DELETE S1 THILE S2 NAME S3 STREET ADDRESS CITY-ST-ZIP DELETE S3 STREET ADDRESS A4 CITY-ST-ZIP S5 NAME S3 STREET ADDRESS CITY-ST-ZIP S6 NAME S7 NAME	Logy Drive 581 Change Addition
NAME SHELLEY R. ISENBERG STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE AT Kathryn A. Smith Box 5152 9 Technol Box 5152 9 Technol Westborough, MA 015 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.1 TITLE S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE DELETE 5.4 CITY-ST-ZIP TITLE DELETE DELETE 6.1 TITLE DELETE 6.1 TITLE DELETE 6.1 TITLE	Logy Drive 581 Change Addition

4. 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 informatio 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 it if it is director or fusice 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 a product with an address.

SIGNATURE:

4/21/98 50887

FILED

May 01 1998 8:00am

Secretary of State