

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morlham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P31268 (6)

1. Corporation Name  
**BOSTON CAPITAL MANAGEMENT, INC.**



Principal Place of Business: C/O CARLETON COURT APARTMENTS #211 CARLETON COURT PROVIDENCE RI 02908  
Mailing Address: 313 CONGRESS ST. BOSTON MA 02210

3. Date Incorporated or Qualified: 10/08/1990  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 05-0454990  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

ATTAWAY, JOHN A., ESQ.  
LANE, TROHN, CLARKE & BERTRAND  
ONE LAKE MORTON DRIVE  
LAKELAND FL 33802-0003

10. Name and Address of New Registered Agent

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 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) (NOT E Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	CANEPARI, DAVID J.	
STREET ADDRESS	590 INDIAN AVE	
CITY-ST-ZIP	MIDDLETOWN RI	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	PLONSKIER, MARC S	
STREET ADDRESS	200 HIGHLAND AVE	
CITY-ST-ZIP	NEWTON MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DONOVAN, TIMOTHY M	
STREET ADDRESS	26 FINNEGAN WAY	
CITY-ST-ZIP	NEWBURYPORT MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CANEPARI, DAVID J.	
1.3 STREET ADDRESS	313 Congress Street	
1.4 CITY-ST-ZIP	Boston, MA 02210	
2.1 TITLE	EV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PLONSKIER, MARC S	
2.3 STREET ADDRESS	313 Congress Street	
2.4 CITY-ST-ZIP	Boston, MA 02210	
3.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DONOVAN, TIMOTHY M	
3.3 STREET ADDRESS	313 Congress Street	
3.4 CITY-ST-ZIP	Boston, MA 02210	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Timothy M. Donovan (Signature) 5/1/96 (617) 345-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)