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

, PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

| | MENT # P32018 COMMUNICATIONS, INC. | (4) | | | | |
|--|---|--|---|--|---------------------------------------|--|
| Principal Place of Business C/O THE PILOT HOUSE, LEWIS WHARF BOSTON MA 02110 | | Mailing Address C/O THE PILOT HOUSE, LEWIS WHARF BOSTON MA 02110 | | E LEGINYO DE HOR THUEN HINNE MOLDEL HURSE FOLLE OLIGIN OLIGIN OLIGIN OLIGIN OLIGIN OLIGIN OLIGIN OLIGIN OLIGIN | | |
| | | | | 12/05/1990 | 3a. Date of Last Repoi: 05/16/1996 | |
| | | 2a. Mailing Address | | 4. FEI Number 05-0340958 | Applied r Not Applicable | |
| Suite, Apt. #, etc | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | |
| 23 Z(p) | Country | Zip | Country | 8. This corporation has liability for int | | |
| 24 | 9. Name and Address of Current | | 30 | Florida Statutes X 10. Name and Address of New Regin | Yes No No stered Agent | |
| THE | PRENTICE-HALL CORPORATION | SYSTEM, INC. | 81 Name | | | |
| 1201 HAYS STREET | | | 82 Street | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| TALLAHASSEE FL 32301 | | | 83 | | | |
| | | | 84 City | | FL 85 Zip Code | |
| office or r | to the provisions of Sections 607,0502 egistered agent, or both, in the State om familiar with, and accept the obligat | f Florida. Such change was a | authorized by the corp | corporation submits this statement for the pur poration's board of directors. I hereby accept | roose of changing its registered | |
| SIGNATURE | P. M. C | | | | · · · · · · · · · · · · · · · · · · · | |
| 12. | Signature, typed or printed name of registered agent OFFICERS AND | | E: Registered Agent signature 13. | required when reinstating) ADDITIONS/CHANGES TO OFFICE | RS AND DIRECTORS IN 12 | |
| 186E | D | A DELETE | 1.1 TITLE | | Change Addition | |
| NAME | SCHLEYER, WILLIAM T. | | 1.2 NAME | | | |
| STREET ADDRESS | 20SOUTH ROAD | | 1.3 STREET ADDRESS | | i | |
| CITY-ST-ZIP | RYE BEACH NH 03871 | XI DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | C/D | Change Addition | |
| TITLE NAME | D Myhren, trygve | M Dittele | 2.1 IIILE | Amos B. Hostetter | C Charge M Addition | |
| STREET ADDRESS | 75 FO UNTAIN ST | | 23 STREET ADDRESS | 10 Louisberg Square | | |
| City-St-Zip | PROVIDENCE RI | | 2. 4 City-S1-ZiP | Boston, Ma 02114 | | |
| TITLE | ST | DELETE | 3.1 TITLE | S/D | Change Addition | |
| NAME | DYSON, HARRY | | 3.2 NAME | W. Lee H. Dunham | | |
| STREET ADDRESS | 75 FOUNTAIN ST | | 3.3 STREET ADDRESS | 16 Lincoln Street | | |
| C(TY+ST+7IP | PROVIDENCE RI | DELETE | 3.4. CITY-ST-ZIP | Belmont, Ma 02178 | ☐ Change ☑ Addition | |
| TIFLE NAME | D Wall, John W | X DELETE | 4.1 TITLE 4.2 NAME | VC/D | CT Assente ECT volument | |
| STREET ADDRESS | 106 PROSPECT ST | | 4.3 STREET ADDRESS | Timothy P. Neher 109 Commonwealth Avenue | | |
| CITY-SI-ZIP | PROVIDENCE RI | | 4.4 CITY-ST-ZIP | Boston, MA 02116 | l | |
| TITLE | D | ⚠ DELETE | 5.1 TITLE | SVP/T | Change Addition | |
| NAME | HAMBLETT, STEPHEN | | 5.2 NAME | P. Eric Krauss | 44 | |
| STREET ADDRESS | 75 FOUNTAIN ST | | 5.3 STREET ADDRESS | 1666 Commonwealth Avenue | # 3 3 | |
| CITY-S1-7IP | PROVIDENCE RI | F## A.C. 242 | 5.4 CITY-ST-ZIP | Brighton, MA 02116 | | |
| TITLE | DC INCORP IACK C | X DELETE | 6.1 TITLE | | Change Addition | |
| NAME CIPCET ADORESE | CLIFFORD, JACK C 75 FOUNTAIN ST | | 6.2 NAME | | | |
| STREET ADDRESS CITY-ST-ZIP | PROVIDENCE RI | | 6.3 STREET ADDRESS | } | 1 | |
| 14. I do herel | by certify that the information supplied | with this filing does not quali | fy for the exemption a | I stated in Section 119.07(3)(i), Florida Statutes. | I further certify that the | |
| informatio Lam ari o | on indicated on this annual report or su | pplemental annual report is to he receiver or trustee empow | rue and accurate and rered to execute this | d that my signature shall have the same legal or report as required by Chapter 607, Florida Sta | affect as if made under oath, that | |

SIGNATURE:

T. HONATAUR THE QUARTER AUSS

4/30/97

(617) 742-9500-

FILED

May 09 1997 8:00am

Secretary of State

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