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Apr 11 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 # P35215 (3)
1. Corporation Name
PROFESSIONAL FACILITIES MANAGEMENT, INC.



Principal Place of Business
220 WEYBOSSET STREET
PROVIDENCE RI 02903

Mailing Address
220 WEYBOSSET STREET
PROVIDENCE RI 02903-3707

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1991		3a. Date of Last Report 03/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 05-0443372		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREADY, RICHARD L.	1.2 NAME	
STREET ADDRESS	50 KENNEDY PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSHKIN, ROBERT L.	2.2 NAME	
STREET ADDRESS	1 HOSPITAL TRUST PLAZA SUITE 2540	2.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, THOMAS	3.2 NAME	
STREET ADDRESS	2000 SMITH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. PROVIDENCE RI	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE, EDWARD P. III	4.2 NAME	
STREET ADDRESS	1275 WAMPANOAG TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALSH, JOSEPH W.	5.2 NAME	
STREET ADDRESS	ONE OLD STONE SQUARE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE RI	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANURY, THOMAS A.	6.2 NAME	
STREET ADDRESS	6 NEW ENGLAND WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN RI	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 attaching plat with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/97

(401) 421 2997

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CR2E034 (9/96)