

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1991	
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	


9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (NOTE: Registered Agent 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 checked="" type="checkbox"/> Addition
NAME	BREADY, RICHARD L.	1.2 NAME	Please see attached list
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 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:  **Robert M. Mason, V.P.** 2/2/98 401-421-2997

CR2E034 (10/97)

PROFESSIONAL FACILITIES MANAGEMENT, INC.

OFFICERS

Chairman	J. Joseph Kruse 494 Woonasquatucket Avenue No. Providence, RI 02911
President	James L. Singleton 68 Tarkiln Road Chepachet, RI 02814
Vice President & Treasurer	Norbert Mongeon, Jr. Pole 98, Stillwater Road Smithfield, RI 02917
Secretary	Elizabeth Murdock Myers Hinckley, Allen & Snyder 1500 Fleet Center Providence, RI 02903

DIRECTORS

Richard L. Bready President Nortek, Inc. 50 Kennedy Plaza Providence, RI 02903
Lee R. Corso Director of Business Development Dixon Ticonderoga 195 International Parkway Heathrow, FL 32746
Edward P. Grace, III 5091 Isleworth Country Club Drive or P.O. Box 2387 Windermere, FL 34786
Carol J. Grant Vice President Human Resources Textron Inc. 40 Westminster Street Providence, RI 02903
J. Joseph Kruse 494 Woonasquatucket Avenue No. Providence, RI 02911
Norbert Mongeon, Jr. Pole 98, Stillwater Road Smithfield, RI 02917
Elizabeth Murdock Myers Hinckley, Allen & Snyder 1500 Fleet Center Providence, RI 02903

PROFESSIONAL FACILITIES MANAGEMENT, INC.

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December - May
8171 Bay Colony Drive
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June - November
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Montecito, CA 93108

Thomas Rossi
40 Peter Street
Providence, RI 02904

James L. Singleton
68 Tarkiln Road
Chepachet, RI 02814

Sheldon S. Sollosy
President
Manpower, Inc. of Providence
263 Weybosset Street
Providence, RI 02903

The Honorable Bruce Sundlun
Governor in Residence
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