

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P36491 (9)**  
 1. Corporation Name  
**NMC SERVICES, INC.**



Principal Place of Business <b>RESERVOIR PLACE 1801 TRAPELO ROAD WALTHAM MA 02154</b>	Mailing Address <b>RESERVOIR PLACE 1801 TRAPELO ROAD WALTHAM MA 02154-7333</b>
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2. Principal Place of Business 21 <b>95 Hayden Ave.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc.
22 City & State 23 <b>Lexington, MA</b> Zip Country	27 City & State 28 Zip Country
24 <b>02173</b>	25 29 30

3. Date Incorporated or Qualified <b>12/02/1991</b>	3a. Date of Last Report <b>04/24/1996</b>
4. FEI Number <b>04-3136699</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
B. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			<b>FL</b>	

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 registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>D</b>	<b>HAMPERS, CONSTANTINE L</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAMPERS, CONSTANTINE L</b>	<b>EAST LAKE ROAD, OAKHILL</b>	1.2 NAME
STREET ADDRESS <b>DUBLIN NH</b>		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE <b>S</b>	<b>WHITING, JOHN K IV</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WHITING, JOHN K IV</b>	<b>36 UNION STREET</b>	2.2 NAME
STREET ADDRESS <b>NORFOLK MA</b>		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE <b>T</b>	<b>NOGEO, A M</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NOGEO, A M</b>	<b>19 WASHINGTON STREET</b>	3.2 NAME
STREET ADDRESS <b>SUDBURY MA</b>		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE <b>AT</b>	<b>LIEBERMAN, MARC</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LIEBERMAN, MARC</b>	<b>10 CROWN POINT RD.</b>	4.2 NAME
STREET ADDRESS <b>SUDBURY MA 01776</b>		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE <b>VP</b>	<b>ARMSTRONG, ROBERT</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ARMSTRONG, ROBERT</b>	<b>17 PINE STREET</b>	5.2 NAME
STREET ADDRESS <b>WELLESLEY HILLS MA</b>		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

**SEE ATTACHED**

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 attachment with an address.

SIGNATURE: \_\_\_\_\_ **MARC LIEBERMAN** ASS'T TREASURER 4/26/97 6/7/97-9000

CP2E034 (9/96)

**NMC SERVICES, INC.  
LIST OF DIRECTORS AND OFFICERS**

**EFFECTIVE 01/01/1997**

<b>DIRECTORS</b>	<b>OFFICE HELD</b>	<b>SS NUMBER</b>	<b>HOME ADDRESS</b>
<b>GEOFFREY W. SWETT</b>	<b>DIRECTOR</b>	<b>144-40-8739</b>	<b>42 KINGS WAY WALTHAM, MA 02154</b>

<b>OFFICERS</b>	<b>OFFICE HELD</b>	<b>SS NUMBER</b>	<b>HOME ADDRESS</b>
<b>GEOFFREY W. SWETT</b>	<b>PRESIDENT</b>	<b>144-40-8739</b>	<b>42 KINGS WAY WALTHAM, MA 02154</b>
<b>ROBERT W. ARMSTRONG, III</b>	<b>VICE PRESIDENT TREASURER</b>	<b>017-36-2353</b>	<b>9 SALISBURY STREET WINCHESTER, MA 01890</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>108-36-6181</b>	<b>10 CROWN POINT ROAD SUDBURY, MA 01776</b>
<b>JAMES V. LUTHER</b>	<b>ASSISTANT TREASURER</b>	<b>010-34-9716</b>	<b>50 SUNNYSIDE AVENUE READING, MA 01867</b>

**CORPORATE HEADQUARTERS:  
TWO LEDGEMONT CENTER  
95 HAYDEN AVENUE  
LEXINGTON, MA 02173**

**TELEPHONE #: (617)402-9000**