

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

FILED
May 12 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 # **P36491** (9)
1. Corporation Name
NMC SERVICES, INC.

Principal Place of Business 95 HAYDEN AVE 1801 TRAPELO ROAD LEXINGTON MA 02173 US	Mailing Address 95 HAYDEN AVE 1801 TRAPELO ROAD LEXINGTON MA 02173 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/02/1991	
4. FEI Number 04-3136699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business 21 95 Hayden Ave. Suite, Apt. #, etc. 22 City & State 23 Lexington, MA Zip Country 24 02173 25 US	2a. Mailing Address 26 95 Hayden Ave. Suite, Apt. #, etc. 27 City & State 28 Lexington, MA Zip Country 29 02173 30 US
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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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBERMAN, MARC	1.2 NAME	
STREET ADDRESS	10 CROWN POINT RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUDBURY MA 01776	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARMSTRONG, ROBERT	2.2 NAME	
STREET ADDRESS	17 PINE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	WELLESLEY HILLS MA	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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	

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 LIEBERMAN**

CR2E034 (10/97)

NMC SERVICES, INC.

**LIST OF OFFICERS AND DIRECTORS
EFFECTIVE 2/24/98**

DIRECTORS

GEOFFREY SWETT

OFFICE HELD

DIRECTOR

BUSINESS ADDRESS

**95 HAYDEN AVENUE
LEXINGTON, MA 02173**

OFFICERS

MARC S. LIEBERMAN

OFFICE HELD

ASSISTANT TREASURER

BUSINESS ADDRESS

**95 HAYDEN AVENUE
LEXINGTON, MA 02173**

JAMES V. LUTHER

ASSISTANT TREASURER

**95 HAYDEN AVENUE
LEXINGTON, MA 02173**