


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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P37473 (6)</b> 1. Corporation Name <b>ANCHOR CAPITAL ADVISORS, INC.</b>		

Principal Place of Business <b>ONE POST OFFICE SQUARE BOSTON MA 02109</b>	Mailing Address <b>ONE POST OFFICE SQUARE BOSTON MA 02109</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>02/12/1992</b>	
4. FEI Number <b>04-2801194</b>		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICE, WILLIAM PHIPPS</b>	1.2 NAME	
STREET ADDRESS	<b>338 WASHINGTON STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUXBURY MA</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RICKABAUGH, MARK VAYDA</b>	2.2 NAME	
STREET ADDRESS	<b>82 REVERE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA</b>	2.4 CITY-ST-ZIP	
TITLE	CLD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLOOR, RICHARD EARL</b>	3.2 NAME	
STREET ADDRESS	<b>45 CLARK STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELMONT MA</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, STEPHEN C.</b>	4.2 NAME	
STREET ADDRESS	<b>128 CRESCENT STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DUXBURY MA</b>	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DRAKE, BARBARA ESTHER</b>	5.2 NAME	
STREET ADDRESS	<b>10 HARDY STREET, #1</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SALEM MA</b>	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROCE, ROBERT F.</b>	6.2 NAME	
STREET ADDRESS	<b>145 BENVENUE STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WELLESLEY MA</b>	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.

CR2E034 (10/97)