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

CITY-ST-ZIP

SIGNATURE:

Block 12 or Block 13 if changed

May 15 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** AMERICAN SUPPORT CENTER, INC. Principal Place of Business Mailing Address 16 MORNINGSIDE AVE. 16 MORNINGSIDE AVE. NATICK MA 01780 NATICK MA 01780 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/16/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 04-3099719 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & Stale \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HART, REGINALD S Name 117 WADING BIRD CIRCLE, #101 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33942 63 84 City 85 Zip Code 607 0502 and 607, 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered the obligations of Scotion 607 0505. Florida Statutes ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 DELETE Change Addition TITLE 11 TITLE HART, REGINALD S. 1.2 NAME NAME 16 MORNINGSIDE AVE STREET ADDRESS 1.3 STREET ADDRESS NATICK MA 01760 CITY-ST-ZIP 14 CITY - S1 - ZIP DELETE Change Addition TITLE 21 TITLE HART, KATHLEEN M. NAME 2 2 NAME 16 MORNINGSIDE AVE. STREET ADDRESS 2.3 STREET ADDRESS NATICK MA 01760 CITY - ST - ZIP 2 4 CITY - ST - 7(P DELETE Addition TITLE 3.1 THILE Change MULHERIN, EDWARD M. NAME 3.2 NAME 63 CHATHAM ST. STREET ADDRESS 3 3 STREET ADDRESS **BOSTON MA 02109** CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Addition Change TITLE 4 1 THEF NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY ST ZIP 5 4 City - ST - ZiP DELETE Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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 supplicmental 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

5/4/00

FILED