

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P92000012226 (6)

1. Corporation Name
NMC LATIN AMERICA, INC.



Principal Place of Business 1801 TRAPELO RD WALTHAM MA 02154 US	Mailing Address 1801 TRAPELO RD WALTHAM MA 02154-7333 US
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3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 95 Hayden Ave, Suite, Apt. #, etc. 22 City & State 23 Lexington, MA 24 Zip 02173 25 Country	2a. Mailing Address 26 Same 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country
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4. FEI Number 65-0378788	Applied For 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 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
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 _____
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	LOWRIE, EDMUND G
STREET ADDRESS	21 EDMONDS RD
CITY-ST-ZIP	CONCORD MA
TITLE	T
NAME	NOGEOLO, A M
STREET ADDRESS	19 WASHINGTON DR
CITY-ST-ZIP	SUDBURY MA
TITLE	S
NAME	WHITING, JOHN K
STREET ADDRESS	38 UNION ST
CITY-ST-ZIP	NORFOLD MA
TITLE	AS
NAME	BOWEN, CAROL E
STREET ADDRESS	187 GROVE ST
CITY-ST-ZIP	LEXINGTON MA
TITLE	AT
NAME	LIEBERMAN, MARC
STREET ADDRESS	10 CROWN POINT RD.
CITY-ST-ZIP	SUDBURY MA 01778
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 4/14/97 617/402-9000

CR2E034 (9/96)

NMC LATIN AMERICA, INC.
LIST OF DIRECTORS AND OFFICERS

EFFECTIVE 01/01/1997

DIRECTORS	OFFICE HELD	SS NUMBER	HOME ADDRESS
BEN LIPPS, PH.D.	DIRECTOR	305-44-0223	24 SEQUOIA LANE WALNUT CREEK, CA 94595

OFFICERS	OFFICE HELD	SS NUMBER	HOME ADDRESS
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PRESIDENT

ROBERT W. ARMSTRONG, III	VICE PRESIDENT TREASURER	017-36-2353	9 SALISBURY STREET WINCHESTER, MA 01890
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MARC S. LIEBERMAN	ASSISTANT TREASURER	108-38-6181	10 CROWN POINT ROAD SUDBURY, MA 01776
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SECRETARY

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

TELEPHONE: (617)402-9000