

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

FILED
May 07 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 # P93000087700 (9)

1. Corporation Name

LOWRY VILLAGE, INC.

Principal Place of Business

197 FIRST AVENUE
NEEDHAM MA 02194

Mailing Address

197 FIRST AVENUE
NEEDHAM MA 02194

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3213897	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24	
25		29		30	
29		30		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	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 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	DEVT <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSMAN, ANDREW	1.2 NAME	
STREET ADDRESS	197 FIRST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	CEO/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, ROBERT M	2.2 NAME	
STREET ADDRESS	197 FIRST AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSMAN, MICHAEL M	3.2 NAME	
STREET ADDRESS	197 FIRST AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	EVP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARY, JAMES M III	4.2 NAME	
STREET ADDRESS	197 FIRST AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	4.4 CITY-ST-ZIP	
TITLE	COO <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BENSON, MARC	5.2 NAME	
STREET ADDRESS	197 FIRST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEEDHAM MA 02194	5.4 CITY-ST-ZIP	
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Y <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZERMANI, RICHARD	6.2 NAME	PAUL ZAYLOR
STREET ADDRESS	197 FIRST AVE	6.3 STREET ADDRESS	197 FIRST AVENUE
CITY-ST-ZIP	NEEDHAM MA 02194	6.4 CITY-ST-ZIP	NEEDHAM, MA 02194

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: X

PAUL ZAYLOR

4/21/98

781-433-1000

CR2E034 (10/97)