

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000050535 (1)

1. Corporation Name
ROCKLEDGE T. CORP.



Principal Place of Business
470 ATLANTIC AVENUE
SUITE 1300
BOSTON MA 02210

Mailing Address
470 ATLANTIC AVENUE
SUITE 1300
BOSTON MA 02210

3. Date Incorporated or Qualified 07/05/1994	3a. Date of Last Report 04/26/1995
4. FEI Number 04-3239104	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 type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83. City	
84. City	

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)

DATE: (Typed Agent's signature to post with this report)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P GERBER, LAURENCE
STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA
TITLE	<input type="checkbox"/> DELETE
NAME	T APESECHE, FRANK
STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA
TITLE	<input type="checkbox"/> DELETE
NAME	AT UMANZIO, CLAIRE
STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA
TITLE	<input type="checkbox"/> DELETE
NAME	S MOSKOWITZ, DAVID
STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA
TITLE	<input type="checkbox"/> DELETE
NAME	D KRUPP, DOUGLAS
STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA
TITLE	<input type="checkbox"/> DELETE
NAME	D KRUPP, GEORGE
STREET ADDRESS	470 ATLANTIC AVENUE
CITY-ST-ZIP	BOSTON MA

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	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Claire F. Umanzio
Asst. Treas.

APR 29 1996

Distance Printed #

CR2E034 (12/95)