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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000050535			
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	
2. Principal Place of Business 21 One Beacon Street, Suite Suite, Apt. #, etc. 22 Suite 1500, Tax Dept City & State 23 Boston MA 02108 Zip 24 Suffolk		2a. Mailing Address 26 One Beacon Street Suite, Apt. #, etc. 27 Suite 1500, Tax Dept City & State 28 Boston, MA 02108 Zip 29 Suffolk	
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 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 NAME STREET ADDRESS CITY-ST-ZIP	P KRUPP, DOUGLASS 470 ATLANTIC AVENUE BOSTON MA 02210 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Beacon Street, Suite 1500 Boston, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEPHEN, WILLIAM 470 ATLANTIC AVENUE BOSTON MA <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Beacon Street, Suite 1500 Boston, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT UMANZIO, CLAIRE 470 ATLANTIC AVENUE BOSTON MA <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Beacon Street, Suite 1500 Boston, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPELFOGEL, SCOTT D 470 ATLANTIC AVENUE BOSTON MA <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Beacon Street, Suite 1500 Boston, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRUPP, GEORGE 470 ATLANTIC AVENUE BOSTON MA <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition One Beacon Street, Suite 1500 Boston, MA 02108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
Claire F. Umanzio
Asst. Treas

APR

1 1999

Date

Daytime Phone #

607-523-7722