

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000028420 (4)

1. Corporation Name

PVM ACQUISITION, INC.



Principal Place of Business

930 MARCUM RD.  
SUITE 5  
LAKELAND FL 33809

Mailing Address

930 MARCUM RD.  
SUITE 5  
LAKELAND FL 33809

2. Principal Place of Business

2a. Mailing Address

21 2 South St., Suite 360

26 2 South Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 360

27 Suite 360

City & State

City & State

23 Pittsfield, MA 01201

28 Pittsfield, MA

Zip

Country

Zip

Country

24 USA

29 01201

30 USA

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/11/1995

3a. Date of Last Report

4. FEI Number

5802221845

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324

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 the above state

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Director  
NAME Thomas M. Clarke  
STREET ADDRESS 2 South St., Suite 360  
CITY-ST-ZIP Pittsfield, MA 01201

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE Treasurer/Secretary/Director  
NAME Linda M. Clarke  
STREET ADDRESS 2 South St., Suite 360  
CITY-ST-ZIP Pittsfield, MA 01201

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE Director  
NAME Lawrence B. Cummings  
STREET ADDRESS 250 Royal Palm Way, Suite 202  
CITY-ST-ZIP Palm Beach, FL 33480

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE Director  
NAME Amory Cummings  
STREET ADDRESS 311 S. Wacker Drive  
CITY-ST-ZIP Chicago, IL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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: Linda M. Clarke, Sec./Treasurer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

(413)448-2111

Date

Daytime Phone

CR2E034 (12/95)