

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P95000095597(1)

1. Corporation Name
12121 SW 114 PLACE THOM MCAN, INC.

5989



Principal Place of Business: ONE THEALL ROAD RYE NY 10580
Mailing Address: ONE THEALL ROAD RYE NY 10580

3. Date Incorporated or Qualified: 11/22/1995
3a. Date of Last Report

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04-3298072	Not Applicable
22	22	27	27	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	23	28	28	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	24	29	29	8	8. This corporation has liability for intangible tax under s 199.032, Florida Statutes	Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARRY A McVEY			1.2 NAME			
STREET ADDRESS	67 MILLBROOK ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	WORCESTER MA 01606			1.4 CITY-ST-ZIP			
TITLE	VICER PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THEODORE L ANDERSON			2.2 NAME			
STREET ADDRESS	67 MILLBROOK ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	WORCESTER MA 01606			2.4 CITY-ST-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARD J LUCEY			3.2 NAME			
STREET ADDRESS	67 MILLBROOK ST			3.3 STREET ADDRESS			
CITY-ST-ZIP	WORCESTER MA 01606			3.4 CITY-ST-ZIP			
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ROGAN LARSENIE			4.2 NAME			
STREET ADDRESS	67 MILLBROOK ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	WORCESTER MA 01606			4.4 CITY-ST-ZIP			
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAEL R BRENNAN			5.2 NAME	300001869463		
STREET ADDRESS	ONE THEALL ROAD			5.3 STREET ADDRESS	-06/20/96--01039--047		
CITY-ST-ZIP	RYE NY 10580			5.4 CITY-ST-ZIP	***225.00		
TITLE	DIRECTOR	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ARTHUR V RICHARDS			6.2 NAME			
STREET ADDRESS	ONE THEALL ROAD			6.3 STREET ADDRESS			
CITY-ST-ZIP	RYE NY 10580			6.4 CITY-ST-ZIP			

SEPARATE SCHEDULE

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: *Rogan Larsenie* ROGER LARENCE PR 2 6 1996 (508) 791-3811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ASSISTANT SECRETARY Date: 6/30/96

CR2E034 (12/95)

ALL STATES
May 1, 1996
Business

THOM MCAN DIVISION

PRESIDENT

Larry A. McVey

67 Millbrook Street, Worcester, MA 01606

VICE PRESIDENTS

Theodore L. Anderson

67 Millbrook Street, Worcester, MA 01606

TREASURER

OPEN POSITION

67 Millbrook Street, Worcester, MA 01606

SECRETARY

Edward J. Lucey

67 Millbrook Street, Worcester, MA 01606

ASSISTANT SECRETARY

Roger Larence

67 Millbrook Street, Worcester, MA 01606

DIRECTORS

Theodore L. Anderson
Michael R. Brennan
Larry A. McVey
Arthur V. Richards

67 Millbrook Street, Worcester, MA 01606
One Theall Road, Rye, NY 10580
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