


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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000095597 (7)

1. Corporation Name

12121 SW 114 PLACE THOM MCAN, INC.

59894



Principal Place of Business <del>ONE THEALL ROAD RYE NY 10580</del> <b>933 MAC ARTHUR BLVD. MAHWAH, N.J. 07430</b>	Mailing Address <del>ONE THEALL ROAD RYE NY 10580-1404</del> <b>933 MAC ARTHUR BLVD. MAHWAH, N.J. 07430</b>
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21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report 06/19/1996
4. FEI Number 04-3298072	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Pres John M. Robinson
NAME	MC VEY, LARRY A	1.2 NAME	
STREET ADDRESS	67 MILLBROOK ST	1.3 STREET ADDRESS	933 MAC ARTHUR BLVD.
CITY-ST-ZIP	WORCESTER MA 01608	1.4 CITY-ST-ZIP	MAHWAH, N.J. 07430
TITLE	VP	2.1 TITLE	
NAME	ANDERSON, THEODORE L	2.2 NAME	
STREET ADDRESS	67 MILLBROOK ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA 01608	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	AS GERALD BAHLMAN
NAME	LARENE, ROGER	3.2 NAME	
STREET ADDRESS	67 MILLBROOK ST	3.3 STREET ADDRESS	933 MAC ARTHUR BLVD.
CITY-ST-ZIP	WORCESTER MA 01608	3.4 CITY-ST-ZIP	MAHWAH, N.J. 07430
TITLE	S	4.1 TITLE	
NAME	LUCEY, EDWARD J	4.2 NAME	
STREET ADDRESS	67 MILLBROOK ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WORCESTER MA 01608	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	T Donald V Roach
NAME	BRENNAN, MICHAEL R	5.2 NAME	
STREET ADDRESS	ONE THEALL ROAD	5.3 STREET ADDRESS	933 MAC ARTHUR BLVD.
CITY-ST-ZIP	RYE NY 10580	5.4 CITY-ST-ZIP	MAHWAH, N.J. 07430
TITLE	D	6.1 TITLE	
NAME	RICHARDS, ARTHUR V	6.2 NAME	
STREET ADDRESS	ONE THEALL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RYE NY 10580	6.4 CITY-ST-ZIP	

14. I do 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 of this report, or on an attachment with an address.

SIGNATURE:  GERALD BAHLMAN JAN 20 1997 (201) 934-2000

CR2E034 (9/96)