

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

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000095425 (0)**

1. Corporation Name  
**HAC, INC.**



Principal Place of Business <b>4040 MYSTIC VALLEY PARKWAY                  MEDFORD MA 02155</b>	Mailing Address <b>4040 MYSTIC VALLEY PARKWAY                  MEDFORD MA 02155</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/21/1996</b>	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	4. FEI Number <b>04-3337541</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLK, HOWARD L.</b>	
STREET ADDRESS	<b>20 CHAPEL ST.</b>	
CITY-ST-ZIP	<b>BROOKLINE MA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLK, NATHAN T.</b>	
STREET ADDRESS	<b>230 ALLENDALE RD.</b>	
CITY-ST-ZIP	<b>CHESTNUT HILL MA</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLK, JEFFREY</b>	
STREET ADDRESS	<b>28 MALBOROUGH ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOLK, SIDNEY</b>	
STREET ADDRESS	<b>330 BEACON ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>SCAPICCHO, STEPHEN</b>	
STREET ADDRESS	<b>8 NEPTUNE CIRCLE</b>	
CITY-ST-ZIP	<b>EAST BOSTON MA</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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.

SIGNATURE: *Steph Scapicchio*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/98 781-393-9300

CR2E034 (10/97)