

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000066809**

Corporation Name
LOSILLIAS, INC.

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90008 022 ***550.00

Principal Place of Business
**100 FEDERAL STREET
BOSTON MA 02110**

Mailing Address
**100 FEDERAL STREET
01-19-02
BOSTON MA 02110**



DO NOT WRITE IN THIS SPACE

Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
100 FEDERAL STREET BOSTON MA 02110		100 FEDERAL STREET 01-19-02 BOSTON MA 02110		08/01/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				04-3383835	
City & State		City & State		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
25		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year	
				Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

DP DUCKETT, DENNIS J 100 FEDERAL STREET BOSTON MA 02110	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GUINEY, ALICE M 100 FEDERAL STREET BOSTON MA 02110	<input type="checkbox"/> DELETE	1.2 NAME	
DV WESTPHAL, MARVIN A 100 FEDERAL STREET BOSTON MA 02110	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS	
DC GARFIELD, MICHAEL R 100 FEDERAL STREET BOSTON MA 02110	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	
AC BALLOU, E. FAYE 100 FEDERAL STREET BOSTON MA 02110	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T NORMAN, AMY L 100 FEDERAL STREET BOSTON MA 02110	<input type="checkbox"/> DELETE	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		3.2 NAME	Thomas J. Hogan
		3.3 STREET ADDRESS	100 Federal Street
		3.4 CITY-ST-ZIP	Boston, MA 02110
		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	AC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		5.2 NAME	Janice m. McHugh
		5.3 STREET ADDRESS	100 Federal Street
		5.4 CITY-ST-ZIP	Boston, MA 02110
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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: *Janice M. McHugh*

7/20/99

617-434-4697

CR2E034 (5/99)