

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

FILED
Jan 23, 1999 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1999



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

01-23-1999 90053 004 ***150.00

DOCUMENT # S60388

1. Corporation Name
MONTVALE CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business
214 N MAIN ST
STE 202
NATICK MA 01760
US

Mailing Address
214 N MAIN ST
STE 202
NATICK MA 01760
US

3. Date Incorporated or Qualified
06/18/1991

4. FEI Number
04-3124254

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

Trust Fund Contribution

8. This corporation owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
City & State
Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
SCOTT, LARRY
1636-8 N MAIN ST
JACKSONVILLE FL 32206

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
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
|-------|-------------------|-----------------------|-------------|---------------------------------|
| PD | DONOVAN, JAMES F. | 214 N MAIN ST STE 202 | NATICK MA | |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| 1.1 | 1.2 | 1.3 | 1.4 | | |
| 2.1 | 2.2 | 2.3 | 2.4 | | |
| 3.1 | 3.2 | 3.3 | 3.4 | | |
| 4.1 | 4.2 | 4.3 | 4.4 | | |
| 5.1 | 5.2 | 5.3 | 5.4 | | |
| 6.1 | 6.2 | 6.3 | 6.4 | | |

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, with all other like empowered.

SIGNATURE: *James F. Donovan* 1/5/99 508-655-9703
DATE DAYTIME PHONE #

CR2E034 (11/98)