

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

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 31 PM 3:42

DOCUMENT # **S83616** (0)

1. Corporation Name
DIMENSIONAL HOLDINGS, INC.

Principal Place of Business Mailing Address
415 E. STREET BOSTON MA 02127

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/30/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
**SNYDER, WILLIAM R.
1630 N.E. FIRST AVENUE
MIAMI FL 33132**

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | P/DIC <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIS, THOME, LADD M. | 1.2 NAME | |
| STREET ADDRESS | 28 GUILD RD | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | DEDHAM MA | 1.4 CITY - ST - ZIP | |
| TITLE | VS | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WENDELL, MAUREEN P. | 2.2 NAME | |
| STREET ADDRESS | 216 PEAR ST. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CAMBRIDGE MA 02139 | 2.4 CITY - ST - ZIP | |
| TITLE | VC | 3.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIS, JAMES N | 3.2 NAME | |
| STREET ADDRESS | 8 WATREN ST | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | LEXINGTON MA | 3.4 CITY - ST - ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Diacomber, George | 4.2 NAME | Diacomber, George |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 600 ATLANTIC AVE |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | BOSTON, MA 02210 |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Amrendor, Karl M | 5.2 NAME | Amrendor, Karl M. |
| STREET ADDRESS | 168 Witherell Drive | 5.3 STREET ADDRESS | 168 WITHERELL DRIVE |
| CITY - ST - ZIP | Stoughton, MA | 5.4 CITY - ST - ZIP | STOUGHTON, MA 01770 |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

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 110.07(3)(b), 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: *Maureen P. Wendell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Maureen P. Wendell

2/21/95 *6/7/2001 3:36*
Date (System Date)