


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90080 040 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000006393**

1. Corporation Name  
**O'GRADY - PEYTON INTERNATIONAL (USA), INC.**



Principal Place of Business 1451 WEST CYPRESS CREEK ROAD 300 FT. LAUDERDALE FL 33309 US <i>Office Closed.</i>	Mailing Address 332 CONGRESS ST 4TH FLOOR BOSTON MA 02210 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>332 Congress St</b>	2a. Mailing Address 26 <b>332 Congress St</b>
Suite, Apt. #, etc. 22 <b>4th floor</b>	Suite, Apt. #, etc. 27 <b>4th floor</b>
City & State 23 <b>Boston MA</b>	City & State 28 <b>Boston MA</b>
Zip 24 <b>02210</b>	Country 25 <b>USA</b>
Zip 29 <b>02210</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>12/04/1997</b>	
4. FEI Number <b>04-3027023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CCEO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLARKEY, DEC</b>	1.2 NAME	
STREET ADDRESS	<b>332 CONGRESS ST., 4TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILKINS, MAURA</b>	2.2 NAME	
STREET ADDRESS	<b>332 CONGRESS ST., 4TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'GRADY-PEYTON, TERESA</b>	3.2 NAME	
STREET ADDRESS	<b>332 CONGRESS ST., 4TH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CFO</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ELWOOD, KEVIN</b>	4.2 NAME	<b>CFO</b>
STREET ADDRESS	<b>332 CONGRESS ST., 4TH FLOOR</b>	4.3 STREET ADDRESS	<b>LAL Sun</b>
CITY-ST-ZIP	<b>BOSTON MA 02210</b>	4.4 CITY-ST-ZIP	<b>332 CONGRESS ST BOSTON MA 02210</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: *(Signature)* DATE: **4/29/99** DAYTIME PHONE #: **617-422-0300**

CR2E034 (1/98)