


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F99000003695
 1. Entity Name
 IDC RESEARCH, INC.



Principal Place of Business Mailing Address
 5 SPEEN STREET 5 SPEEN STREET
 FRAMINGHAM, MA 01701 FRAMINGHAM, MA 01701

DO NOT WRITE IN THIS SPACE



01132004 No Chg-P CR2E034 (10/03)

4. FEI Number 04-2324970	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAMPBELL, KIRK S 5 SPEEN STREET FRAMINGHAM, MA 01701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD BLOOM, EDWARD B 5 SPEEN STREET FRAMINGHAM, MA 01701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KARLIN, MIRIAM R 5 SPEEN STREET FRAMINGHAM, MA 01701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS GADSBY, EDWARD N ONE POST OFFICE SQUARE BOSTON, MA 02109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 03/22/04-80061-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Miriam B. Karlin 3/19/04 508-935-4686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #