


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

FILED
Mar 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P40124 (0)
 1. Corporation Name
MAC-GRAY CO., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 22 WATER STREET CAMBRIDGE MA 02141		Mailing Address 22 WATER STREET CAMBRIDGE MA 02141	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified 08/14/1992	4. FEI Number 04-2151044	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	FLANIGAN, PATRICK	
STREET ADDRESS	184 HIGHLAND ST	
CITY-ST-ZIP	MILTON MA	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	MACDONALD, STEWART G., JR	
STREET ADDRESS	22 WATER ST.	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	MACDONALD, SANDRA E	
STREET ADDRESS	2 BAILEY HILL RD	
CITY-ST-ZIP	NATICK MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MACLELLAN, NEIL F.	
STREET ADDRESS	22 WATER ST.	
CITY-ST-ZIP	CAMBRIDGE MA	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MACLELLAN, NEIL F	
STREET ADDRESS	84 AUDOBON RD	
CITY-ST-ZIP	WALPOLE MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NAPOLITANO, ALBERT A.	
STREET ADDRESS	111 COLUMBIA RD.	
CITY-ST-ZIP	ARLINGTON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Flanagan, Patrick	
1.3 STREET ADDRESS	164 Highland ST	
1.4 CITY-ST-ZIP	MILTON, MA	
2.1 TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MACDONALD, STEWART G., JR.	
2.3 STREET ADDRESS	22 WATER ST	
2.4 CITY-ST-ZIP	CAMBRIDGE, MA	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEYDON, JOHN	
3.3 STREET ADDRESS	10 HOLLYWOOD ROAD	
3.4 CITY-ST-ZIP	WINCHESTER MA	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HUENINK, JEFF	
4.3 STREET ADDRESS	6801 BENJAMIN CENTER DRIVE #101	
4.4 CITY-ST-ZIP	TAMPA, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SCHILLER, JERRY	
5.3 STREET ADDRESS	7759 SOUTH 60th AVE	
5.4 CITY-ST-ZIP	NEWTON IA 50208	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 supplement to 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: _____

CR2E034 (10/97)