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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
VISION OF CORPORATIONS
15 FEB 16 PM 3:33

DOCUMENT # **843993** **(7)**

1. Corporation Name
FPL FUELS, INC.

Principal Place of Business	Mailing Address
% D M DONALDSON ONE INTERNATIONAL PL BOSTON MA 02110 US	% JH HOLDINGS CORP PO BOX 4024 BOSTON MA 02101 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
08/27/1979	07/20/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	
21	26	13-2992456	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE FL 32301	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 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
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, NANCY D.	1.2 NAME		
STREET ADDRESS	39 SOUTH TERRACE	1.3 STREET ADDRESS		
CITY-ST-ZIP	BEVERLY MA	1.4 CITY-ST-ZIP		
TITLE	STD	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	COLBY, LOUISE E.	2.2 NAME		
STREET ADDRESS	11 CAZENOVE STREET	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	TRAN, LANNHI	3.2 NAME		
STREET ADDRESS	97 BAY STATE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	BOSTON MA	3.4 CITY-ST-ZIP		
TITLE	AS	4.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, LAURIE A.	4.2 NAME		
STREET ADDRESS	6 BOUNDARY ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	MALDEN MA	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	T	☒ Change ☐ Addition
NAME	DONALDSON, R. DOUGLAS	5.2 NAME		
STREET ADDRESS	28 GRANT STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEEDHAM MA	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 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.

SIGNATURE: _____ R. DOUGLAS DONALDSON **Treasurer** 2/8/15 617-951-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303896 FP