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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
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:21

DOCUMENT # 853122 (0)

1. Corporation Name
BOSTON CONCESSIONS GROUP, INC.

Principal Place of Business
111 SIXTH STREET
CAMBRIDGE MA 02141

Mailing Address
111 SIXTH STREET
CAMBRIDGE MA 02141

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/11/1982
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business
21 c/o Paul Glinski
Suite, Apt. #, etc.
22 111 6th Street
City & State
23 Cambridge, MA
Zip 24 02141
Country 25 USA

2a. Mailing Address
26 Same
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 04-2281482 ☐ 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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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 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: Signature (Must be current name of registered agent and the signature) NOTE: Registered Agent signature required when resigning DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	O'DONNELL, JOSEPH	12 NAME	
STREET ADDRESS	15 CLAIRMONT STREET	13 STREET ADDRESS	
CITY, ST, ZIP	BELMONT MA 02178	14 CITY-ST-ZIP	
TITLE	CLRK	21 TITLE	☐ Change ☐ Addition
NAME	Paul Glinski	22 NAME	
STREET ADDRESS	36 Wash Pond Rd.	23 STREET ADDRESS	
CITY, ST, ZIP	Hampstead, NH	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ARMSTRONG, JOSEPH	32 NAME	
STREET ADDRESS	8 HAWTHORNE AVENUE	33 STREET ADDRESS	
CITY, ST, ZIP	WINCHESTER MA 01890	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY-ST-ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information contained 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 asterisk.

SIGNATURE: [signature] 3/6/95 617-499-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FP