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

CIGNATUDE:

Mar 06 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 853122 **BOSTON CONCESSIONS GROUP, INC.** Principal Place of Business Mailing Address % GLINSKI. PAUL 111 SIXTH STREET 111 6TH ST CAMBRIDGE MA 02141 DO NOT WRITE IN THIS SPACE CAMBRIDGE MA 02141 3. Date Incorporated or Qualified 06/11/1982 2. Principal Place of Business 4. FEI Number Mailing Address Applied For 04-2281482 21 Not Applicable Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country This corporation owes or has paid the current year Intangible Yes ☐ No Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CORPORATE SERVICE COMPANY 1201 HAYS STREET 62 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 **R**3 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 Riigistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE. 11 THLE Change ☐ Addition O'DONNELL, JOSEPH NAME 1.2 NAME 15 CLAIRMONT STREET STREET ADDRESS 1.3 STREET ADDRESS **BELMONT MA 02178** CITY-ST-ZIP 1.4 C(TY-ST-Z)P DELETE Change Addition TITLE 2.1 THLE NAME GLINSKI, PAUL 2.2 NAME **36 WASH POND ROAD** STREET ADDRESS 2.3 STREET ADDRESS HAMPSTEAD NH CITY-ST-7IP 2.4 C(IY+SI-7)P DELETE Addition TATLE 3.1 TITLE Change ARMSTRONG, JOSEPH NAME 3.2 NAME **8 HAWTHORNE AVENUE** STREET ADDRESS 3.3 STREET ADDRESS WINCHESTER MA 01890 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - St - ZIP DELETE ☐ Addition TITLE 6.1 TITLE ☐ Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST- ZIP 14. Thereby 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 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 complation or account and the incommendation of the complation or account and that my name appears in Block 12 or Block 13 if changed, or out mails thin, in all adverses.

Par E. Glinik: 2/20/98

**FILED**