2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 853122

1. Entity Name
BOSTON CONCESSIONS GROUP, INC.

Principal Place of Business	Mailing Address
55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142 US	55 CAMBRIDGE PARKWAY SUITE 200 CAMBRIDGE, MA 02142 US

07082004 No Chg-P CR2E034 (10/03)

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4. FEI Number
04-2281482
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATE SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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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
Due by September 8, 2004

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	O'DONNELL, JOSEPH
STREET ADDRESS	15 CLAIRMONT STREET
CITY-ST-ZIP	BELMONT, MA 02178
TITLE	CLRK
NAME	GLINSKI, PAUL
STREET ADDRESS	5 BIRDSALL LANE
CITY-ST-ZIP	ATKINSON, NH 03811
TITLE	D
NAME	ARMSTRONG, JOSEPH
STREET ADDRESS	8 HAWTHORNE AVENUE
CITY-ST-ZIP	WINCHESTER, MA 01890
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: Joseph H. Armstrong
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #