


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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90157 043 \*\*\*150.00

0645744

|  |   |  |
|--|---|--|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

**DOCUMENT # 857243**

1. Corporation Name  
**HELMSMAN MANAGEMENT SERVICES, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>9 RIVERSIDE ROAD<br>WESTON MA 02117<br>US | Mailing Address<br>9 RIVERSIDE<br>WESTON MA 02193<br>US |
|--|---|



DO NOT WRITE IN THIS SPACE

|                                |                        |  |                                       |  |
|--------------------------------|------------------------|--|---------------------------------------|--|
| 2. Principal Place of Business | 2a. Mailing Address    | 3. Date Incorporated or Qualified<br><b>07/28/1983</b>   | 4. FEI Number<br><b>04-2791584</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required |  |
| 22 City & State                | 27 City & State        | 6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |  |
| 23 Zip Country                 | 28 Zip Country         | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No |                                       |  |
| 24                             | 25                     | 29   | 30                                    |  |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**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) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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          | PD                 | <input type="checkbox"/> DELETE |
| NAME           | KELLY, EDMUND F.   |                                 |
| STREET ADDRESS | 315 WELLESLEY ST   |                                 |
| CITY-ST-ZIP    | WESTON MA          |                                 |
| TITLE          | VS                 | <input type="checkbox"/> DELETE |
| NAME           | GILVAR, BARRY S.   |                                 |
| STREET ADDRESS | 11 CLARENCE RD     |                                 |
| CITY-ST-ZIP    | WAYLAND MA         |                                 |
| TITLE          | VT                 | <input type="checkbox"/> DELETE |
| NAME           | WILLIAMS, ELLIOT   |                                 |
| STREET ADDRESS | 11 HICKORY LANE N  |                                 |
| CITY-ST-ZIP    | READING MA         |                                 |
| TITLE          | AS                 | <input type="checkbox"/> DELETE |
| NAME           | PUGH, JAMES R.     |                                 |
| STREET ADDRESS | 65 COLBURN RD      |                                 |
| CITY-ST-ZIP    | WELLESLEY MA       |                                 |
| TITLE          | V                  | <input type="checkbox"/> DELETE |
| NAME           | LEDDY, AMY J.      |                                 |
| STREET ADDRESS | 32 HALLETT HILL RD |                                 |
| CITY-ST-ZIP    | WESTON MA 02193    |                                 |
| TITLE          |                    | <input type="checkbox"/> DELETE |
| NAME           |                    |                                 |
| STREET ADDRESS |                    |                                 |
| CITY-ST-ZIP    |                    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 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 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, with all other like empowered.

SIGNATURE: Scott J. Murphy SCOTT J. MURPHY Vice President 3/29/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)

857243  
389768-90157-43

**HELMSMAN MANAGEMENT SERVICES, INC.**  
**Riverside Office Park, 9 Riverside Road,**  
**Weston, MA 02193-2290**

**OFFICERS**

|                        |  |  |
|------------------------|--|--|
| Gary L. Countryman     | Chairman of the Board and<br>Chief Executive Officer | 175 Berkeley Street, Boston, MA 02117                            |
| Edmund F. Kelly        | President  | 175 Berkeley Street, Boston, MA 02117                            |
| Elliot J. Williams     | Vice President and Treasurer                         | 175 Berkeley Street, Boston, MA 02117                            |
| Barry S. Gilvar        | Vice President and Secretary                         | 175 Berkeley Street, Boston, MA 02117                            |
| Scott T. Murphy        | Vice President and Assistant<br>Treasurer            | Riverside Office Park, 9 Riverside Road<br>Weston, MA 02493-2290 |
| Richard E. Leeman      | Vice President                                       | Riverside Office Park, 9 Riverside Road<br>Weston, MA 02493-2290 |
| Amy J. Leddy           | Vice President                                       | Riverside Office Park, 9 Riverside Road<br>Weston, MA 02493-2290 |
| Diane S. Bainton       | Assistant Secretary                                  | 175 Berkeley Street, Boston, MA 02117                            |
| Katherine L. Desiderio | Assistant Secretary                                  | 325 Essjay Road, Suite 210<br>Buffalo, NY 14221-8278             |
| James R. Pugh          | Assistant Secretary                                  | 175 Berkeley Street, Boston, MA 02117                            |
| Laurance H.S. Yahia    | Assistant Secretary                                  | 175 Berkeley Street, Boston, MA 02117                            |

**BOARD OF DIRECTORS**

|                          |                                       |
|--------------------------|---------------------------------------|
| Gary L. Countryman       | 175 Berkeley Street, Boston, MA 02117 |
| William Manning          | 175 Berkeley Street, Boston, MA 02117 |
| J. Paul Condrin III      | 175 Berkeley Street, Boston, MA 02117 |
| Edmund F. Kelly          | 175 Berkeley Street, Boston, MA 02117 |
| Christopher C. Mansfield | 175 Berkeley Street, Boston, MA 02117 |
| Edward G. Troy           | 175 Berkeley Street, Boston, MA 02117 |
| Gary R. Gregg            | 175 Berkeley Street, Boston, MA 02117 |