

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90115 028 ***150.00

05/19/02 AT

DOCUMENT # F01000004321

1. Entity Name

HILL, HOLLIDAY, CONNORS, COSMOPULOS, INC.

Principal Place of Business

**200 CLARENDON STREET
 BOSTON MA 02116**

Mailing Address

**200 CLARENDON STREET
 BOSTON MA 02116**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3413445

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	CONNORS JR, JOHN M	
STREET ADDRESS	200 CLARENDON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NORBERG, JOSEPH E	
STREET ADDRESS	200 CLARENDON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	MELLIN, JONATHAN B	
STREET ADDRESS	200 CLARENDON STREET	
CITY-ST-ZIP	BOSTON MA	
TITLE	V	<input type="checkbox"/> Delete
NAME	CONTE, ALBERT	
STREET ADDRESS	136 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASON, ARTHUR M	
STREET ADDRESS	136 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BERNS, STEVEN D	
STREET ADDRESS	136 MADISON AVE.	
CITY-ST-ZIP	NEW YORK NY	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLAS J. CAMERA	
STREET ADDRESS	136 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEGAN HUTCHINSON	
STREET ADDRESS	136 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SEAN F ORR	
STREET ADDRESS	136 MADISON AVE.	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THEODORE H. PARASKEVAS	
STREET ADDRESS	136 MADISON AVE	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonathan Mellin

4/16/02

Date

617-859-4099

Daytime Phone #

CR2E034 (9/01)