

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004129

FILED  
May 25, 2004  
Secretary of State

Entity Name: DAVID L. BABSON AND COMPANY, INC.

## Current Principal Place of Business:

ONE MEMORIAL DRIVE, SUITE 1100  
CAMBRIDGE, MA 021421300 US

## New Principal Place of Business:

## Current Mailing Address:

ONE MEMORIAL DRIVE, SUITE 1100  
CAMBRIDGE, MA 021421300 US

## New Mailing Address:

FEI Number: 04-1054788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILKES, RICHARD B  
C/O TRENAM, SIMMONS, ET AL.  
101 E. KENNEDY BLVD., 2700 BARNETT PLAZA  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: REESE, STUART H  
Address: 1295 STATE STREET  
City-St-Zip: SPRINGFIELD, MA 01111

Title: COO ( ) Delete  
Name: GLAVIN, WILLIAM F JR.  
Address: ONE MEMORIAL DRIVE  
City-St-Zip: CAMBRIDGE, MA 02142

Title: TM ( ) Delete  
Name: DUPONT, DEANNE B  
Address: ONE MEMORIAL DRIVE  
City-St-Zip: CAMBRIDGE, MA 02142

Title: DM ( ) Delete  
Name: MCCLINTOCK, KEVIN M  
Address: ONE MEMORIAL DRIVE  
City-St-Zip: CAMBRIDGE, MA 02142

Title: D ( ) Delete  
Name: LIGUORI, ROBERT  
Address: 1295 STATE STREET  
City-St-Zip: SPRINGFIELD, MA 01111

Title: DP ( ) Delete  
Name: JOYAL, ROBERT E  
Address: 1500 MAIN STREET  
City-St-Zip: SPRINGFIELD, MA 01115

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEANNE DUPONT

T

05/25/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date

STEPHEN L. KUHN, SECRETARY  
1500 MAIN STREET  
SPRINGFIELD, MA 01115