

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90062 010 \*\*\*150.00

**DOCUMENT # F93000004129**



1. Entity Name  
**DAVID L. BABSON AND COMPANY, INC.**

Principal Place of Business  
**ONE MEMORIAL DRIVE, SUITE 1100  
CAMBRIDGE MA 02142-1300  
US**

Mailing Address  
**ONE MEMORIAL DRIVE, SUITE 1100  
CAMBRIDGE MA 02142-1300  
US**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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<br><b>04-1054788</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

CHECK HERE IF MAKING CHANGES

**6. 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**

**7. Name and Address of New Registered Agent**

|  |           |          |
|--|-----------|----------|
| Name   |           |          |
| Street Address (P.O. Box Number is Not Acceptable) |           |          |
| City   | <b>FL</b> | 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. 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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>PD</b>                     | <input type="checkbox"/> Delete            |
| NAME           | <b>REESE, STUART H</b>        |  |
| STREET ADDRESS | <b>45 DRUMLIN ROAD</b>        |  |
| CITY-ST-ZIP    | <b>WEST SIMSBURY CT 06092</b> |  |
| TITLE          | <b>CFOD</b>                   | <input checked="" type="checkbox"/> Delete |
| NAME           | <b>TARANTINO, FRANK L</b>     |  |
| STREET ADDRESS | <b>14 INGRAHAM ROAD</b>       |  |
| CITY-ST-ZIP    | <b>WELLESLEY MA 02482</b>     |  |
| TITLE          | <b>T</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>DUPONT, DEANNE B</b>       |  |
| STREET ADDRESS | <b>32 OLDHAM ROAD</b>         |  |
| CITY-ST-ZIP    | <b>ARLINGTON MA 02174</b>     |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>MCCCLINTOCK, KEVIN M</b>   |  |
| STREET ADDRESS | <b>38 MAUGUS AVENUE</b>       |  |
| CITY-ST-ZIP    | <b>WELLESLEY MA 02481</b>     |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>LIGUORI, ROBERT</b>        |  |
| STREET ADDRESS | <b>10 POWERS DRIVE</b>        |  |
| CITY-ST-ZIP    | <b>WILBRAHAM MA 01095</b>     |  |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete            |
| NAME           | <b>JOYAL, ROBERT E</b>        |  |
| STREET ADDRESS | <b>949 GLENDALE ROAD</b>      |  |
| CITY-ST-ZIP    | <b>WILBRAHAM MA 01095</b>     |  |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Reese, Stuart H.</b>       |  |
| STREET ADDRESS | <b>1295 State Street</b>      |  |
| CITY-ST-ZIP    | <b>Springfield, MA 01111</b>  |  |
| TITLE          | <b>COO/COO</b>                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>Glavin, William F, Jr.</b> |  |
| STREET ADDRESS | <b>One Memorial Drive</b>     |  |
| CITY-ST-ZIP    | <b>Cambridge, MA 02142</b>    |  |
| TITLE          | <b>T/M</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Dupont, DeAnne B.</b>      |  |
| STREET ADDRESS | <b>One Memorial Drive</b>     |  |
| CITY-ST-ZIP    | <b>Cambridge, MA 02142</b>    |  |
| TITLE          | <b>D/M</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>McClintock, Kevin M.</b>   |  |
| STREET ADDRESS | <b>One Memorial Drive</b>     |  |
| CITY-ST-ZIP    | <b>Cambridge, MA 02142</b>    |  |
| TITLE          | <b>D</b>                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Liguori, Robert</b>        |  |
| STREET ADDRESS | <b>1295 State Street</b>      |  |
| CITY-ST-ZIP    | <b>Springfield, MA 01111</b>  |  |
| TITLE          | <b>D/P</b>                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>Joyal, Robert E.</b>       |  |
| STREET ADDRESS | <b>1500 Main Street</b>       |  |
| CITY-ST-ZIP    | <b>Springfield, MA 01115</b>  |  |

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: DeAnne B. Dupont **DeAnne B. Dupont** 4-29-03 **617-761-3817**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)

# ATTACHMENT

04/28/03

F93000004129

## DAVID L. BABSON & COMPANY INC.

### Principal Executive Officers and Directors

| <u>Title</u> | <u>Name</u>            | <u>Street Address*</u> | <u>City/State/Zip</u> |
|--------------|------------------------|------------------------|-----------------------|
| P/D          | Robert E. Joyal        | 1500 Main Street       | Springfield, MA 01115 |
| T            | DeAnne Dupont          | One Memorial Drive     | Cambridge, MA 02142   |
| Clerk        | Stephen L. Kuhn        | 1500 Main Street       | Springfield, MA 01115 |
| C/D          | Stuart H. Reese        | 1295 State Street      | Springfield, MA 01111 |
| COO/CCO      | William F. Glavin, Jr. | One Memorial Drive     | Cambridge, MA 02142   |
| M/D          | Kevin M. McClintock    | One Memorial Drive     | Cambridge, MA 02142   |
| D            | Robert Liguori         | 1295 State Street      | Springfield, MA 01111 |
| M            | Efrem Marder           | 1295 State Street      | Springfield, MA 01111 |
| M            | Mary Wilson Kibbe      | 1295 State Street      | Springfield, MA 01111 |
| M            | Roger W. Crandall      | 1295 State Street      | Springfield, MA 01111 |
| M            | Kenneth L. Hargreaves  | 1295 State Street      | Springfield, MA 01111 |

\*Except for Ms. Dupont and Mr. McClintock, whose principal business address is One Memorial Drive, Cambridge, MA 02142, the principal business address for each Principal Executive Officer or Director is 1295 State Street, Springfield MA 01111.