

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

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**DOCUMENT # P26573 (6)**  
1. Corporation Name  
**CP IP-1 PRESIDENT'S DRIVE, INC.**



Principal Place of Business: **60 STATE STREET, SUITE 3600 BOSTON MA 02109**  
Mailing Address: **60 STATE STREET, SUITE 3600 BOSTON MA 02109**

3. Date Incorporated or Qualified: **10/24/1989**  
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	2a. Mailing Address
	<b>2 Center Plaza</b>	<b>2 Center Plaza</b>
22	Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc. <b>Suite 200</b>
23	City & State <b>Boston, MA</b>	City & State <b>Boston, MA</b>
24	Zip <b>02108</b>	Zip <b>02108</b>
25	Country <b>USA</b>	Country <b>USA</b>

4. FEI Number: **22-3030578**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

**9. Name and Address of Current Registered Agent**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required after registering.)

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANGLAND, ROBERT M.	
STREET ADDRESS	2 OLD MEADOW ROAD	
CITY - ST - ZIP	DOVER MA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	TAGUE, PETER F., III	
STREET ADDRESS	101 ATLANTIC AVE.	
CITY - ST - ZIP	COHASSET MA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MALLOY, JOHN F.	
STREET ADDRESS	7 WAINWRIGHT ROAD	
CITY - ST - ZIP	WINCHESTER MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WAINOR, NEIL E.	
STREET ADDRESS	17 CARSON AVENUE	
CITY - ST - ZIP	WILMINGTON MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLOREDO-MANSFIELD, F.	
STREET ADDRESS	WINTHROP STREET	
CITY - ST - ZIP	SOUTH HAMILTON MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	EBBOTT, ANDREW D.	
STREET ADDRESS	7 WINTHROP STREET	
CITY - ST - ZIP	WINCHESTER MA	

**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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Neil E. Wainor* DATE: **4/18/96** TELEPHONE: **617-723-4091**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

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**Attached Listing for the State of Florida**

**CP IP-I President's Drive, Inc.**

**Officers**

**Title**

**Address**

Howard B. Hodgson  
Gerald F. Ianetta  
Eugene F. Reilly  
Robert E. Patterson

Vice President  
Vice President  
Vice President  
Vice President

89 Argilla Road, Ipswich, MA 01938  
99 Maryland Road, Tewksbury, MA 01876  
316 Johnson Street, North Andover, MA 01845  
370 Beacon Street, Boston, MA 02116