FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 8:50

DOCUMENT # F94000000010 (8)

1. Corporation Name
80 LAMBERTON ROAD, INC.

Principal Place of Business	Mailing Address
ONE MONARCH PL. SPRINGFIELD MA 01133	ONE MONARCH PL. SPRINGFIELD MA 01133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/03/1994
3a. Date of Last Report: Initial

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 04-3117946 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent (not its officer) (NOTE: Registered Agent signature required when furnishing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	MEHLE, DAVID J	1.2 NAME		
STREET ADDRESS	ONE MONARCH PL.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD MA 01133	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MORRISON, ALBERT D JR	2.2 NAME	Morrison, Albert D., Jr.	
STREET ADDRESS	ONE MONARCH PL.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD MA 01133	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	COULTON, JOHN S	3.2 NAME	Coulton, John S.	
STREET ADDRESS	ONE MONARCH PL.	3.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD MA 01133	3.4 CITY-ST-ZIP		
TITLE	VTD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	MAJERUS, FRANCIS D	4.2 NAME	Majerus, Francis, D.	
STREET ADDRESS	ONE MONARCH PL.	4.3 STREET ADDRESS		
CITY-ST-ZIP	SPRINGFIELD MA 01133	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	VTD	☐ Change ☒ Addition
NAME	WHITT, DAVID V	5.2 NAME	Humphrey, Larry M.	
STREET ADDRESS	600 ATLANTIC AVE.	5.3 STREET ADDRESS	One Monarch Place	
CITY-ST-ZIP	BOSTON MA 02210	5.4 CITY-ST-ZIP	Springfield, MA 01133	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: David J. Mehle — David J. Mehle — 01/17/95 — (413) 784-7243
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0403380 FN