

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90095 034 \*\*\*150.00

**DOCUMENT # F01000004703**

1. Entity Name

**SHEPLEY BULFINCH RICHARDSON AND ABBOTT INCORPORATED**

Principal Place of Business

40 BROAD STREET  
 BOSTON MA 02109-4306

Mailing Address

40 BROAD STREET  
 BOSTON MA 02109-4306

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

04-2504672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH III, MASON W</b>	
STREET ADDRESS	<b>40 BROAD ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>FREEMAN, GEOFFREY T</b>	
STREET ADDRESS	<b>40 BROAD ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>ERICSON, ELIZABETH S</b>	
STREET ADDRESS	<b>40 BROAD ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>HEESPELINK, H. JAN</b>	
STREET ADDRESS	<b>40 BROAD ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>BELL JR, PAUL E</b>	
STREET ADDRESS	<b>40 BROAD ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>JACKSON, RALPH T</b>	
STREET ADDRESS	<b>40 BROAD ST.</b>	
CITY-ST-ZIP	<b>BOSTON MA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CLIVER EGLESTON</b>	
STREET ADDRESS	<b>40 BROAD ST</b>	
CITY-ST-ZIP	<b>Boston, MA 02109</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Michael Ward</b>	
STREET ADDRESS	<b>40 Broad ST</b>	
CITY-ST-ZIP	<b>Boston, MA 02109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jonathan Ross</b>	
STREET ADDRESS	<b>40 broad ST</b>	
CITY-ST-ZIP	<b>Boston, MA. 02109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Elise F. Woodward</b>	
STREET ADDRESS	<b>40 Broad ST</b>	
CITY-ST-ZIP	<b>Boston, MA. 02109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Carole C. Wedge</b>	
STREET ADDRESS	<b>40 broad ST</b>	
CITY-ST-ZIP	<b>Boston, MA 02109</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ronald T. Finow</b>	
STREET ADDRESS	<b>40 Broad ST</b>	
CITY-ST-ZIP	<b>Boston, MA 02109</b>	

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:

*Michael Ward*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/02

Date

617 423-1200

Daytime Phone #

CR2E034 (9/01)