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2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: GOOSE POND AG, INC.

Current Principal Place of Business:

197 CLARENDON STREET C-08-99 BOSTON, MA 02116

Current Mailing Address:

197 CLARENDON STREET C-08-99 BOSTON, MA 02116 US

FEI Number: 59-3414409

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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:	KIMBERLY B. MORET	04/17/20	17
	Electronic Signature of Registered Agent	Date	

Electronic Signature of Registered Agent

Officer/Director Detail :

Ollioci/Direc			
Title	VP, ASST. TREASURER	Title	PRESIDENT
Name	GRAY, LYNNE M.	Name	WILLIAMS IV, OLIVER S.
Address	197 CLARENDON STREET C-08-99	Address	197 CLARENDON STREET C-08-99
City-State-Zip:	BOSTON MA 02116	City-State-Zip:	BOSTON MA 02116
Title	VP	Title	SECRETARY, TREASURER
Name	MACNEIL, BRETT R.	Name	KWONG, EUGENE
Address	197 CLARENDON STREET C-08-99	Address	197 CLARENDON STREET C-08-99
City-State-Zip:	BOSTON MA 02116	City-State-Zip:	BOSTON MA 02116
Title	DIRECTOR	Title	DIRECTOR
Nome			HAZEN, MAUREEN
Name	TAYLOR, LAMAR	Name	HAZEN, MAUREEN
Address	TAYLOR, LAMAR 197 CLARENDON STREET C-08-99	Name Address	197 CLARENDON STREET C-08-99
	197 CLARENDON STREET		197 CLARENDON STREET
Address	197 CLARENDON STREET C-08-99	Address	197 CLARENDON STREET C-08-99
Address City-State-Zip:	197 CLARENDON STREET C-08-99 BOSTON MA 02116	Address City-State-Zip:	197 CLARENDON STREET C-08-99 BOSTON MA 02116
Address City-State-Zip: Title	197 CLARENDON STREET C-08-99 BOSTON MA 02116 DIRECTOR	Address City-State-Zip: Title	197 CLARENDON STREET C-08-99 BOSTON MA 02116 VP, ASST. SECRETARY
Address City-State-Zip: Title Name	197 CLARENDON STREET C-08-99 BOSTON MA 02116 DIRECTOR SPOOK, STEPHEN 197 CLARENDON STREET	Address City-State-Zip: Title Name	197 CLARENDON STREET C-08-99 BOSTON MA 02116 VP, ASST. SECRETARY BOLLMAN, TED 197 CLARENDON STREET

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SECRETARY

SIGNATURE: EUGENE KWONG

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

04/17/2017